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LECTURE

ON THE

TREATMENT of WHITE SWELLING.

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In a former lecture, Gentlemen, (vide LANCET, No. 609, page 174, and No. 611, page 214,) we passed in review the treatment applicable to white swellings in the acute stage, and we laid down rules for the employment of leeches and compression during the chronic stage. It now remains for us to run through the principal local means, whether revulsive or irritant, which are employed to aid the resolution. These are naturally divided into two series; viz., local means and internal remedies.

LOCAL MEANS.—These are numerous, and may be arranged under the following heads:—1st. Mineral baths. 2nd. Douches. 3rd. Medicated frictions. 4th. Rubefaciants. 5th. Blisters. 6th. The Flying Cautery. 7th. Moxas; and 8th. The Seton.

1st. *Mineral Baths.*—Day after day, in despair of benefit from other treatment, we see patients affected with white swelling go to Barèges, Plombières, or elsewhere, and it certainly would appear that in some cases good effects have been obtained from local baths of these mineral waters: unfortunately, however, no other remedy perhaps has been employed so empirically. If we consult the reports annually made on these establishments, we simply find, that "so many persons were treated with white swelling; so many were cured; so many others received no benefit;" nothing more. It is evident, then, that all the patients did not present themselves under the same circumstances, and we may even say that some of them were injured by the use of the mineral waters. The reports published by the establishments alluded to are completely useless, because they do not distinguish the favourable from the unfavourable conditions, and enable us thus to lay down some precise indications.

2nd. *Douches.*—Douches are often employed, and are a powerful means of resolution. According to the degree of excitation desired, we prescribe them in the form of common water or with medicated fluids. The force, direction, and form, are to be varied according to circumstances: thus they may be given with a watering machine, or in a continued jet, ascending, horizontal, or descending, and in the latter case they are directed from a greater or less height; experience has established the following principles as to the best method of employing them. Douches should be reserved exclusively for the chronic stage; at the commencement they should be very gentle, so as not to determine an inflammatory state instead of an excitement tending to resolution. At first an interval of forty-eight hours should separate each application; afterwards they may be renewed every day, if the excitement be not too great. The tumour generally appears redder and more warm after the douche; it is also a little swollen, and the patient feels some pain in the part; rest is now absolutely necessary: if these symptoms do not last more than half an hour or two hours, it is a good sign, and the tumour begins to diminish before the lapse of twenty-four hours. In this case we continue the douche without any change: if, however, the excitement passes the time just mentioned, the douche must be suspended; and should it continue for twenty or twenty-four hours, we must combat it by an application of thirty leeches, according to the patient's force, and by emollient cataplasms. The inflammation if neglected would bring on rapid disorganization of the tissues, and render amputation indispensable.

3rd. *Medicated Friction.* — Benjamin Bell has laid much stress on the utility of mercurial frictions; the ointment which he employed contained but a small quantity of mercury, and the patient rubbed in ten scruples of it three times a day, without any danger. Each friction lasted an hour; he never pushed them so far as to bring on salivation; but contented himself with

slightly affecting the mouth and keeping up a little tenderness there for some weeks. Bell also waited until the inflammation was in a great measure dissipated, but other surgeons have not always followed this salutary rule, and employ mercurial frictions without any distinction of case. I can affirm that some experiments of this kind, made while the acute stage of white swelling existed, turned out very badly in my hands, and for the future I shall be very careful not to employ them until the chronic stage is completely established. Besides, it is very difficult in private practice to persuade the patient to employ this method, on account of the prejudice so generally prevailing against salivation. It may be advantageously replaced by the ointment of the hydriodate of potass, a medicine of great energy, and on that account requiring very great attention. We should never commence frictions with the ointment until every trace of the acute stage has disappeared. I have seen the most terrible inflammation, and even abscess, produced by a neglect of this precaution. Iodine is so stimulant, that a quarter of a scruple of the ointment employed in friction is often enough to determine heat and even inflammation. In short it is a precious remedy, but one that we should prescribe with the utmost caution.

4th. *Rubefaciants.*—Liniments containing ammonia, or the tincture of cantharides, have been recommended; fifteen years ago these were the favourite remedies: the liniment was rubbed in once or twice a day. You can readily understand that rubefaciants should never be employed until all inflammation is subdued; besides, whenever we order liniments or ointments, it is essential to wash the parts every day with soap and water &c., in order to clean the skin and make it more accessible to the action of those remedies.

5th. *Blisters.*—There are few means more generally employed against white swelling than blisters, but too often without any attention to the indications. Blisters, very useful in the chronic stage, are dangerous in the acute one, when they can only hasten the degeneration of the tissues. In some cases they may be applied upon the tumour itself; in others it is more prudent to place them on one side. Thus when the skin partakes in the alteration, the blister should evidently be placed at some distance; and the same rule holds good when the tumour depends on a rheumatic cause. If the tumour, for example, occupies the knee-joint, a blister applied immediately to the part can only serve to fix the inflammatory principle; I therefore apply it on the outer side of the thigh, at the union of the upper and middle thirds; here it acts as a revulsive; sometimes I tried it in this situation even during the acute stage; and the pain and other inflammatory symptoms disappeared as if by enchantment. But we must not forget that there were exceptional cases, and that the cause of the disease explained the cause of a success which under other circumstances would have been more than doubtful. On the tumour itself, flying blisters are justly preferred, and we may apply as many as five or six successively to the affected knee. Sometimes the first blister does not produce any effect: we allow it to heal, and in a day or two put on another. In general it is a good sign when it determines some pain, and a little heat in the affected tissues. These symptoms last only a short time, and are followed by a certain diminution of volume in the tumour. As long as the amelioration continues, we should not disturb the process of nature; but when we are assured the whole effect of the blister is produced, it is time to apply another. Finally, the blister may determine more inflammation than is proper. If rest and topical emollient applications do not subdue it within twenty-four hours, we must, without delay, put on twenty or thirty leeches. The inflammation, watched in this manner, is not dangerous, and even hastens the resolution, but the means necessary to keep it within bounds, cannot be had recourse to at every instant; hence we must wait until all is quiet, before we think of putting on a new blister, and it will also be well to diminish its size, and then determine a slight degree of irritation.

6th. *Cautery.*—The flying cautery dates from the time of the Arabs, and latterly Rust has recommended it as applicable to every kind of case. This is an error which must frequently be attended with unfortunate results. The cautery, when employed in chronic cases, often produces the most astonishing benefit; in acute cases the energy of its action would lead to a result directly opposite; besides, the cautery requires a very great degree of reserve in its employment, and is chiefly applicable to tumours that are very hard. The iron is passed over the surface so as to produce a burn of the second degree: before renewing the application, we allow the wound to heal, and wait until the amelioration becomes stationary. As soon as the tumour has become a little soft, we must abandon the cautery, and have recourse to graduated compression.

7th. *Moxa.*—The observations just made are perfectly applicable to the moxa, a remedy still more efficacious, as it acts more deeply on the tissues. Hence we should

never employ too large a moxa, one that would leave an extensive wound requiring a length of time to heal. I prefer small moxæ, as large as the extremity of the middle finger; in this way we can employ a greater number, and at shorter intervals, for it is generally necessary to cicatrize the first wound before we think of making a second. The moxæ I employ are made of the artemesia Japonensis; they burn quickly and of themselves, and hence cause less irritation than the ordinary moxæ. Some surgeons apply the moxa upon the tumour itself; but in this case the skin must be quite sound, and the tumour very hard, otherwise we run the risk of exciting too violent an inflammation. It is better to apply it at some distance, and the action must be watched with the greatest care, so as to combat in sufficient time any accident it may produce. There is only one case in which I depart from the rule just mentioned, viz., when the disorganization advances rapidly, and the most rational means fail; in a word, when all seems lost, we may then try the moxa as a last resource, for "ad extremas morbas, extrema remedia."

8th. *Setons.*—Finally, the seton acts still more deeply than the moxa, and requires more caution in its use. Some surgeons do not hesitate to pass it through the body of the tumour, and I have seen this done eight or ten times. In all these cases amputation became subsequently necessary. Such a result is not encouraging, hence I never employ the seton except in those very rare cases in which the tumour is chronic to the last degree, and influenced by no remedy used; even here I pass the seton on one side, and never through the tumour.

INTERNAL REMEDIES.

As white swelling is generally a local affection, little stress has been laid upon its internal treatment. Doubtless, whenever it appears connected with any general indisposition, the latter was combated, but then the surgeon seemed to fulfil an indication foreign to the affection of the joint. Some surgeons, however, have administered iodine, even in cases that were independent of any constitutional diathesis; I have repeated their experiments without obtaining any other result than the injury done to the digestive organs; it is therefore a remedy not to be recommended.

But, latterly, another method of internal treatment has been proposed by Dr. O'Beirne of Dublin; it consists in giving internally calomel in doses strong enough to bring on salivation in a few days. As soon as this phenomenon sets in, the pain disappears as it were by magic, the tumour diminishes, and articulation returns rapidly to its normal state. These seductive promises were supported by seven cases contained in Dr. O'Beirne's memoir, and it therefore became a matter of high importance to determine how far they merited confidence. The number of patients affected with white swelling, who present themselves at *La Pitie*, is sufficiently great; and since the end of 1834, up to the present day, we have made a great many experiments on the subject. Let me remark, in the first place, that we followed exactly M. O'Beirne's formula, which is *Calomel.* gr. xviii; *Pulv. Opii* gr. iii. F. vi pilulæ; pr. i omni tri-horâ. The six pills are enough for one day; they are repeated next morning, and so on until the salivation is well established.

Whenever the white swelling existed in an acute stage, the pain disappeared with wonderful rapidity, and the tumour underwent at the same time a remarkable diminution; so far the assertions of the Dublin surgeon were fully confirmed. But it was by no means the same when the tumour so treated had been reduced to the chronic stage, or when the patient, from the beginning of the treatment, presented only the chronic symptoms. The following observations, however, will give a better measure of the value of this treatment.

Case 1.—*Acute White Swelling of the right Knee; good effects of the Mercurial treatment; Cure completed by other means.*—Jean Vaste, coachman, of good constitution, was received into the hospital on the 28th December, 1834, with white swelling of the right knee-joint; he always enjoyed good health up to the month of June last: at that period he fell upon his knee, and after some days began to feel some pain in the joint; these gradually increased, the articulation became tumefied, and at length he was unable to make any use of his limb. At the time of entry the right knee was one third larger than the other one, the skin red and warm, and the articulation affected with such violent pain that the patient could not sleep. No fluctuation could be felt, and the tumefaction appeared to be independent of the osseous tissue. The constitution had not suffered, and the state of the different viscera was excellent.

The patient was placed upon low diet; 50 leeches were twice applied around the joint; then cataplasms &c.; the inflammation was barely modified, and the pain continued as violent as ever. I now submitted the patient to the Dublin method: first day, no result; second, there were colicky pains, diarrhœa, six stools; the

patient already feels a slight improvement; third day, mouth a little sore, gums swollen; fourth day, the salivation fully established, and the pain has completely ceased; it requires very strong pressure or motion of the joint to produce any painful sensation; the salivation continues, and all inflammatory symptoms of the tumour disappeared the following day. The volume of the joint had been exactly measured at the commencement of the treatment; on the fifth day it was measured again; a diminution of an inch was found at the upper and middle part; of three-fourths of an inch at the lower. From this time no further diminution took place, but the pains did not reappear. The salivation continued for some days longer, gradually disappearing; on the 18th January the tumour was reduced to a state completely chronic: the skin's warmth was natural, and moderate pressure gave scarcely any pain. I now followed up the treatment in the ordinary manner; leeches in small number, frictions, and compression; the remainder of the malady was dissipated by these means, and the patient went out perfectly cured on the 2nd of March, 1835.

In this case the treatment was evidently abridged in a most wonderful manner by the salivation, but it is not less evident that the influence of the salivation was limited, and that alone it was not sufficient to obtain a cure. It would appear that this phenomenon merely dissipates the inflammatory symptoms and the tumefaction connected with them, but once arrived at the chronic stage the improvement stops; and this fact has been so general in the experiments we have made, that we can with difficulty understand the success which Dr. O'Beirne says he has obtained with this remedy alone. But before citing an example of the mercurial treatment in chronic cases we will prove by a curious observation how efficaciously salivation subdues the most violent pain, even when the peculiar nature of the tumour forbids us to expect any hope of cure.

Case 2.—*Fungoid White Swelling. Severe Pain calmed by Salivation. Amputation.* — Ingarama, a retired officer, 57 years of age, entered the hospital on the 24th of October, 1834, with a white swelling of the right knee. About ten years ago, while fencing, the fatigue excited some considerable tumefaction in the right knee. This disappeared in fifteen days under rest, leeching, &c. On the 23rd August, 1834, the knee began to swell without any known cause, and in forty-eight hours acquired double its natural size. At first there was no pain except when the patient wished to stand up, but after five days the skin became warm and the tumour got hard, and was the seat of very severe pulsative pain, which the slightest motion rendered intolerable. No other treatment except poultices and rest was administered, and the pain continued unabated up to the patient's reception into the hospital. The tumour at this time was fusiform, soft, spongy, like a lipoma, and seemed specially to reside in the soft articular tissues; it was evidently one of those spongy tumours which resist all treatment. The slightest pressure was intolerable; the patient's constitution was sound, and his appetite continued good all along. He was put upon mercurial treatment (six pills a day); he took nine in all. After the third, he experienced some griping pain and diarrhœa during two days. As soon as salivation was established all pain disappeared, and with it all symptoms of inflammation, such as heat &c. The tumour had diminished one inch above and at the middle, and half-an-inch inferiorly. This state continued about ten days, but when once the salivation had passed away, they returned again with such rapidity, that in a few days amputation became necessary.

In this observation, as in the preceding one, the efficacy of the mercurial treatment seemed to reside almost entirely in the salivation which it provoked. The slight diarrhœa during the first two or three days certainly gave some relief, but this is trifling, and we may presume we should obtain the same result with any other gentle purgative. But the salivation once set in, there is no longer any doubt; the pain disappears as if by magic, and this perhaps is one of the therapeutic methods in which the relation of cause and effect, between the remedy administered and its results, is the most incontestable, on account of the rapidity and constancy with which this result is manifested.

We now proceed to show the results of this treatment in the chronic stage.

Case 3.—*White Swelling in the Chronic Form. Displacement of the Patella. Mercury given without any benefit.*—Malbec, 28 years of age, was affected with white tumour from the age of ten years, when the knee commenced to swell without any known cause. During two years it was treated by emollients and aromatic fumigations, and the patient got much better. At fifteen years of age he fell upon the knee and re-excited all the bad symptoms; several falls at different times continued to keep up the excitement in the joint, and in 1834 the limb became permanently flexed, and quite useless. The knee was now very voluminous; the patella turned

outwards, and the inner side of the articulation very much tumefied: pressure about the patella gave pain; elsewhere none.

I first removed the pain by leeches and emollient topics, and after this I succeeded in reducing the circumference of the tumour about one inch and a half, by means of graduated pressure and iodine ointment; but here the amendment stopped, and the tumour continued in this state for a considerable time, when I commenced the calomel treatment. The first day the patient had some griping and diarrhœa: on the following days he experienced constant nausea, and vomited once or twice. Salivation set in after he had taken twenty pills, and became excessive after the 23rd, when it was necessary to suspend them: the discharge of saliva continued for five days with such intensity, that the patient declared he would not at any price recommence the same treatment. No symptoms whatever of amelioration appeared, and the patient continued for a length of time at the hospital in the same state.

It would certainly be unjust to condemn any therapeutic method in a similar case: the cure was here impossible, and nothing remained but to assure anchylosis by dissipating the alteration of the soft parts. For this purpose we employed the remedies we are in the habit of using, which produced a remarkable improvement, and there was some reason to hope that the new method would give a new impulse to the curative process, which had become stationary; but nothing of this kind happened, and the little action of mercury on chronic tumours is also proved by the following cases:—

Case 4.—*Chronic White Swelling of the Knee. Mercurial treatment without effect.*—Boissel, 23 years of age, was received into the hospital on the 19th March 1834, with an acute white tumour, which I attacked and soon reduced to the chronic stage. The tumour remained in this state for some time, and the patient was put on the mercurial treatment on the 15th September, but only took three per day: on the second day slight diarrhœa ensued; on the third the diarrhœa ceased, and the salivation was abundant: the pills were now stopped, and the salivation continued fifteen days without our ever being able to notice any change in the tumour.

Case 5.—*Chronic White Swelling of the Ankle-joint. Mercurial treatment.—Effect nearly null.*—Aubry, 30 years of age, was taken into the hospital on the 16th January, 1835, with a chronic white swelling of the ankle-joint. On the 15th February, the mercurial treatment was commenced, six pills a day. On the following day the salivation was sufficiently abundant; and on the third day it was unnecessary to give any more. The salivation continued six days; the tumour diminished one line above, two lines at the middle, and half an inch below; after which it remained completely stationary: the patient left the hospital without being cured. However, we must confess that in some cases salivation has appeared a little more efficacious. Thus, in the case of one patient, we obtained a diminution of half an inch at the upper part of the tumour, and of two-thirds of an inch below. Here is a most striking example.

Case 6.—*Chronic White Swelling of the Right Knee: Mercurial treatment: Remarkable Amelioration: Cure completed by other means.*—Gayneux, 19 years of age, was affected for six months with a white swelling of the right knee. On the 22nd January, 1835, the day of her entry into the hospital, the circumference of the knee was nine inches in the middle, and eight and a half at the upper part. Calomel pills in the common dose: in three days the salivation was established, and augmented gradually up to the 8th day: the pills were discontinued after the 15th. The tumour was now diminished in all directions three quarters of an inch, but it then became stationary. On the 6th February, compression was had recourse to, with cones of agaric and circular bandages.

Feb. 13. Sharp pain, which forced us to suspend it. 18th. Compression again employed; at the twelfth day of compression the tumour had diminished at least three quarters of an inch, giving a total since the commencement of an inch and a half to one inch and a quarter. Towards the end of February it again became stationary. At the beginning of March, 3rd, degree of compression, and no diminution; ten leeches twice above the patella; compression renewed. March 20th. Diminution of two lines above, in the middle, and below. The compression was continued in the same degree up to the 15th of April, when the patient left the hospital, able to walk without pain, and very freely.

Remarks resumed.—We have multiplied these experiments at the hospital, and have even prescribed the mercurial pills in town; the results were exactly similar to what has been mentioned. Generally the first pills determine a slight diarrhœa; in rare cases vomiting; but other accidents soon cease, and especially so when once salivation has set in. In some patients it

begins the first or third day; but most commonly it requires five or six days, and, consequently, twenty or thirty pills. In one single case we have given up to sixty pills without producing salivation; the patient had just come out of another hospital, where he had been treated with mercury. In this case, also, the vomiting, excited by the calomel, persisted for a long time, and returned at intervals.

How are we to explain the astonishing action of this remedy on white swelling in the acute stage? Some persons have latterly recommended mercury as an antiphlogistic. We know that mercurial frictions on the affected parts have dissipated erysipelatous inflammations, calmed peritonitis, or even inflammation of the liver. On the other hand, the English make great use of mercury internally in most inflammations; but in the first place they do not push the mercury in all these cases to salivation, and the results of the mercurial treatment in syphilis seem to conclude against this pretended antiphlogistic property, for it is well established that mercury only exasperates the inflammatory period of chancre, and in general of all inflammatory venereal symptoms.

The question of the properties of mercurial preparations is far from being settled definitively, and as to the cases which occupy us, we cannot explain its action by the laws of ordinary revulsion, since neither the diarrhœa nor the vomiting which it sometimes produces has any effect on the tumour, while that of salivation is at once so quick and powerful. If we compare this new method with the ancient, we must confess, that in acute cases it produces immense advantages: the incessant pains and the irritability of the tumour, which required often four, six, or even ten months, to dissipate them, here yield in a few days, and do not return. The patients are also spared the loss of strength produced by frequent sanguineous emissions; finally, the latter frequently fail to relieve the patient from the pain, which keeps him constantly awake, and hitherto the calomel has constantly succeeded. In one of our patients the pain was intolerable, and resisted every means. Salivation, brought on in a few days, dissipated it instantaneously, with every other inflammatory symptom. But when the inflammatory element has been removed, the action of calomel becomes null, or at least much less than before, and hence we may see how important it is to distinguish, as we have done, between the two stages of the disease.

Let us now terminate in a few words the treatment of white swelling in the chronic stage. All the means of resolution which we have reviewed must not be employed indiscriminately. We have pointed out the circumstances which require the most energetic; for the rest one would naturally begin with the most innocent, and be directed by the result. When a single remedy is not sufficient we may combine several together, as leeches, compression, friction with iodine. Whenever any remedy seems to be worn out, we should quit it and take up another. Finally, there are cases which, after having employed every means, and brought the tumour nearly to a perfect state of resolution, seem to resist any further amendment: here we have often succeeded by leaving the tumour to itself, and nature completes a cure which she refused to our art. When the engorgement has been completely resolved, and the tissues are brought back to their natural state, we have still some indications to fulfil. Sometimes, especially for the knee, we have to dissipate a false anchylosis, with flexion of the leg. This is done by mechanical means. To prevent a relapse of inflammation we should proceed with caution, and apply the apparatus at first for a few hours only. The duration and force of the extension may be gradually increased. But if we have to do with a real anchylosis, should we refuse every attempt of this kind? I have seen at least thirty patients leave this hospital with complete anchylosis, as far as it was possible for any one to judge. Four of these afterwards returned with the anchylosis destroyed, and enormous enlargement of the articulation, in consequence of falls or other external violence. I treated the new affection with the same success as the former, and the anchylosis did not turn. These facts induced me to ask myself if we might not force the anchylosis, when all the other symptoms have disappeared. As yet I have been prevented by the fear of severe accidents; however, a trial of this kind seems to me the more authorized, that true anchylosis is often very limited, and we may often have taken a false one for a perfect junction of the bones. After the cure the patient should commence with very gentle exercise; even a moderate walk determines frequently at first some sharp pain, and renders the patient anxious; however, if it be slight, and do not last more than an hour or two, we may continue the exercise; but if the pain be very severe, and last a whole day, this is a sign that some trace of the disease remains, and we must return to the usual treatment, rest, &c.

White swellings are very apt to return. I have often seen the patients return after a month or two, but I have latterly been

able to prevent these frequent relapses by supporting the joint in its movements—as, for example, with a laced cap for the knee, &c.

We have passed over in silence the treatment proper for white swelling of a syphilitic, gouty origin, &c. It consists in the measures applicable to the acute stage; for the chronic we have only to add to the local means such remedies as are most fit to combat the general affection. —*French Gaz. Med.*, No. 22.

CASE OF

TRANCE, OR COMA SOMNOLENTUM,

IN A GIRL, TREATED SUCCESSFULLY.

By JOHN FOSBROKE, *M.D., Physician to the Ross Dispensary.*

AT the beginning of March last, as I was riding through the "Hole-in-the-Wall," in Foy parish, I was asked to see a girl, ætat. 13, of interesting appearance, by name Eliza Mutlow, who was apt to be suddenly affected in the day-time with fits of profound lethargy. In these paroxysms she had slept at different times for three nights and two days together, and during the week before I saw her, for thirty-six hours at a stretch. Before and after she awoke from these fits she pursued her usual occupations, without any trace of disorder of the brain or mental faculties; but her breath was foul, her belly somewhat tumid, her face pallid, and her general appearance delicate and hebetic, and she picked her nose.

The country folks about her stated, that a Dr. C. Underwood, a medical man practising many branches of the profession here in many ways, had been up and seen her "a kit of times," had applied leeches to the head, and had treated the case in other respects as a *vascular* (hum!) affection of the brain.

Seeing in this case that the mucous membrane of the alimentary tube was disordered, and in all probability colonized with worms, I prescribed for her M. Peschier's ethereal tinct. of the male fern buds, dose from viij to xxx gtt. ter die, dropped on a lump of sugar, which I have introduced into practice here, to supersede the other nauseous remedies for these vermin, and also proper doses of jalap, scammony, and calomel, to be taken every third morning, for the purpose of bringing away their *débris*.

I saw her again on March the 8th, and understood that she had passed slimy evacuations with thread worms (*tricocephali?*). Her complexion was fuller of colour, and her breath less fetid, without any recurrence of lethargy. She continued serving in a beer-house, and taking the anthelmintics, till March 13, when I examined her again, and found that her sleep had been natural, and that her general health was a good deal better; but I observed that she had a "strawberry-and-cream" tongue, and though I could discover nothing in the development of the jaws and teeth to require attention, I apprehended there was still some irregular state of the brain and nervous system. On March 16th, she went off to sleep again in the day-time, and on March 24th I found that she had had two fits, one of thirty-six hours, the other of twenty-four hours duration. In these fits her head and neck hung back loosely and heavily, and no device could arouse her. But the last time they got her, towards the end of the fit, on her legs, and led her about the house, and from the house down to the banks of the Wye just below, and poured cold water on her head, to no purpose, however; they also put food into her mouth, which she swallowed without opening her eyes, speaking, or showing consciousness. When she awoke she said that she had heard imperfectly something that was said to her towards the close of the fit, and recollected experiencing a sense of something like fluid floating in her brain.

From March 24th she took 3j doses of sulphate of zinc in sage tea, for five or six following mornings. The first dose caused her to vomit excessively, and she slept once after it for two days and a night. On the 16th of April, after taking all these doses, and retching almost all day long after each dose, I found that she had had no recurrence of the lethargy. She cast up nothing but what she drank and watery mucus, until the Tuesday week before the 16th, when she had a violent vomiting of blood and white streaked stuff from the stomach to the quantity of about 0jss, with pain across the stomach and right side. On March 28th I went to pass a fortnight at Cheltenham, and her relations wanted to take her to some man near Hereford, but the girl refused to go, because she thought I had done her good. On the 28th of April the young sleeper came to Ross to see me, and said it was her belief that the treatment had removed the fits. I ordered her to take, twice a day, a pill containing *Ammoniuret. Cupri* gr. j; *Camph.* gr. iv. I have heard nothing of her later than the 16th of May; up to that date the fits had not recurred, but some eruption had come out on her hands.

The case was open, in no possible way

that I could discover, to imposture; the girl was simple and harmless in conduct, and situated with people well known, and she had nothing to get by tricks but the loss of her place. Her parents had left her to shift about for her bread as best she could, provided she did not disturb them in their poverty, and burden that attendant selfishness which obliterates the best feelings of nature, and turns the heart even against the claims of offspring.

Remarks.—These cases are very uncommon, and, consequently, many do not credit their occurrence. Celsus notices them and several of our old files of the sixteenth century give some instances of them. Lazarus Riverius, a scientific authority for the state of knowledge when he wrote, speaks of four cases; the first, a wench ætat. eight years, who was "taken with the sleepy evil, with frequent convulsions, to whom the physicians had given many and applied divers remedies," such as clysters, friction, *cupping* (!), blisters, sternutatories, &c. after which he cured her perfectly with ʒj of white vitriol (sulph. zinci) in broth. The second patient, a gentleman's son, was cured with the "Blessed Water of Rulandus;" *blessed* being a word applied to all mild emetic and aperient drugs. The third case,—whose lethargy was clearly the *coma vigel*, or *tythomania* of fevers, and cases of great nervous debility, where the patient sleeps and thinks he has been awake all night, from the sensorial power not having recovered its regular distributions and balance (*M. Good*),—was cured by "raising scabs on the hind part of the head," and "many round about the head," with the actual cautery. "With this remedy," says he, "I have thrice cured persons in a dead sleep, when all other remedies have been tried in vain, and the case seemed desperate. Running many days out of the mouth and nostrils was the imputed effect of "the force of the fire," and the cause of the recovery. No one will doubt the effect of a red-hot poker. When an ass tumbles down and cannot get up again, boring a hole in the ear with a heated iron, is accounted a "charm" in the Forest of Dean. The fourth case was an hysterical girl with "a pricking pain in her left side," who, "after a double tertian, was affected with extreme and deep sleep in her fits," and was cured with four grains of opium in one-grain pills, given not long after the fits came on. Hieronymus Fabricius (1671), one of the first of the anatomical physicians, cured a man, "who fell into such a profound sleep, that he could not be awakened with salt of vitriol in sage water." Philippus Aureolus Theophrastus *Bombastes* Paracelsus (1483 to 1541), the head of the chemical and alchemical physicians, a noted cure-monger, and, like all his fraternity, a great liar, but possessed of considerable genius, cured a case of "such deep sleep," that the sleeper "felt not himself being pricked," and a young woman, whose "eyes were always shut," was cured with oil of salt and vitriol (muriatic and sulphuric acids). William Salmon (1684), a half-quack, half-regular, of indefatigable industry, and no small shrewdness and observation, gave the ethers of these acids, and relates a case which had resisted evacuation by *bleeding* (!) and purging, cured by "a mighty blister over the whole head," in fact a cantharides nightcap, which "ran so much as to wet a dozen napkins," errhines, and pills of camboge and scammony, the last a remedy, given in better form, in these cases, by Celsus,—"castoreum, si venter adstrictus est, mixtum cum scammonia."

The highly respected Mason Good had the case of a young lady who awoke only two or three times a week, and then but for an hour or two: at last she awoke out of a paroxysm as if out of a night's sleep, and never had a relapse. Mr. Brewster gives the case of a middle-aged servant girl, who was affected with lethargy, accompanied with depression of spirits, and the signs of congestion and plethora, for the first paroxysm was preceded by bleeding from the nose. She slept the first time during three days. On the second, six weeks, during which period she swallowed food, and had passages through her bowels. On the third and fourth time she slept for a few days, and not long afterwards she hung herself. Dr. Cooke relates the case of a young lady, ætat. 20, who was discovered one morning in a profound sleep, and could not be roused except by cupping. She was found in the same state every morning, and awakened by the same means, till it grew dangerous to *repeat the cupping!* After it was left off, she slept thirty, thirty-six, forty-eight, and on one occasion, sixty-three hours at a spell. At last the paroxysm gradually left her, and she went mad, a termination to which, according to authorities, such disorders very much tend. Indeed Damasippus, in his dialogue with my favourite Horace, who knew how to enjoy life like a philosopher and a man, free from maggots in his brain, alludes to this very circumstance on the principle of exchange of diseased actions;—

"Et miror morbi purgatum te illius atqui
Emovit veterem mire novus, ut solet, in cor
Trajecto lateris miseri, captivæ dolore:
Ut lethargicus hic cum sit pugil et medicum urget."
Satira iii. *Lib.* ii.

I give the translation from Brome, who, and Creech, though lame in versification, are excellent for quaint homespun English:—

"I'll tell thee what seems strange, and yet 'tis true,
My *old disease was driven out by my new*,
As in some bodies there is wont to be
The headache cured by the pleurisie.
Or one that has *a lethargy* endured,
Grows *frantic* and beats him by whom he's cured."

Dr. Prichard, a gentleman connected by family with this town, and eminent for his acquisitions in medical learning and science, has just brought forward some singular instances of affections of an analogous kind, particularly a case reported by Dr. Dyce of Aberdeen. * Mr. Rootes of Ross tells me that he had a case of sleeping fits in a ploughboy, for which the patient received some advice and many stripes from his master; but as the most striking remedies will not always do, Mr. R. was called in and treated it successfully with purging and blistering. Mr. Ward of Ross, a well-educated practitioner, had a case of somnolency in a child under his care, which he attributed to cerebral disease, but which Dr. Evans, sen., the oldest physician and a magistrate here, considered to be complicated with worms. It turned out, on post-mortem examination, to be a case of ramollissement, the brain being pulpy.

The lady of my friend Michael Walker, Esq., of Cheltenham, spoke to me last summer about a girl in her service, who was "nid, nid, noddin'" in the day for hours together. We found out, through a shrewd old housekeeper, that neither worms, defective renovation of nervous energy, nor "ramollissement," were the lurking causes in this pallid subject of Morpheus, but a habit of getting drunk slyly, probably to relieve the exhaustion brought on by some early Cyprian frolics, and going to sleep to conceal it. The "cousin-german to the knout," paternally administered, would not have been so much out of place in this instance.

I imagine that genuine lethargy has been more common than is supposed, but that it has been treated credulously because mixed up with vulgar superstitions. When I was a boy, old women and serving girls were very rife with chimney-corner stories about females who had gone into trances, and, after they had come to themselves, "given an account" of having been up to heaven, and seen Jacob's ladder, and angels running up and down. These Swedenborgian visions, which, like the long yarn spun by Don Quixotte after he had descended into the cave of Montesinos, were never received without some scepticism by many hearers, have seen their last days, except among our old rustics, who cannot, in spite of the march of intellect, altogether refuse a belief in such matters. "That she should go into a trance," said an old chopstick about Mutlow, "and not be able to give an account of anything when she come out on't,—*that's all to me*." But it so happens that in ecstatic and cataleptic somnambulism, the patients retain not the slightest remembrance of any occurrence which has happened during the paroxysm (*Dr. Prichard*).

The notion of revelations by trances, however, has not been confined to the vulgar. Though there is all the difference in the world between the highest and the lowest classes in refinement and exterior accomplishments, there is very little in point of credulity and perhaps ignorance, for in the middle classes, *as a body*, resides the intelligence and good sense of the country. Lady Fanshawe, who with her husband was a follower of the destinies of the two Charleses, gives an interesting case of trance in aristocratic life.* "In that house I lived the winter-time till I was fifteen years old and three months with my ever honoured and most dear mother, who departed this life on the 20th day of July, 1640, and now lies buried in Hallowes Church in Hertford. Her funeral cost my father above 1000*l.*, and Dr. Howlsworth preached her funeral sermon, in which, upon his own knowledge, he told before many hundreds of people this accident following:—that my mother being sick to death of a fever three months after I was born, which was the occasion she gave me suck no longer, her friends and servants thought to all outward appearances that she was dead, and so lay almost two days and a night; but Dr. Winston coming to comfort my father, went into my mother's room, and looking earnestly in her face, said she was so handsome, and now looks so lovely, I cannot think she is dead; and suddenly took a lancet out of his pocket, and with it cut the sole of her foot, which bled. Upon this, he immediately caused her to be laid on the bed again, and to be rubbed, and used such means as she came to life, and opening her eyes, saw two of her kinswomen standing by her, my Lady Knollys and my Lady Russell, both with great wide sleeves, as the fashion then was, and said, 'Did you not promise me fifteen years, and are you come again?' which

* Insanity and Other Disorders affecting the Mind. By James Cowle Prichard, M.D., F.R.S.

* Memoirs of Lady Fanshawe, pp. 27-8.

they not understanding, persuaded her to keep her spirits quiet in that great weakness wherein she then was; but some hours after she desired my father and Dr. Howlsworth might be left alone with her, to whom she said 'I will acquaint you that during the time of my trance I was in great quiet; but in a place I could neither distinguish nor describe; but the sense of leaving my girl, who is dearer to me than all my children, remained a trouble upon my spirits. Suddenly I saw two by me clothed in long white garments, and methought I fell down with my face in the dust; and they asked why I was troubled in so great happiness. I replied O let me have the same grant given to Hezekiah, that I may have fifteen years to see my daughter a woman; to which they answered, It is done; and then, at that instant, I awoke out of my trance;' and Dr. Howlsworth did there affirm that that day she died made just fifteen years from that time." Robert Montgomery has some interesting lines, supposed to convey the sentiments of a lady in catalepsy, conscious but incapable of speaking, and at last buried alive.

The subject is so curious and so foreign, even to physiologists and pathologists, that I may be allowed perhaps to extend my remarks beyond the limits usually prescribed to observations on cases.

What are the exciting causes?

We know that natural sleep is the state of inaction and repose, alternate to the opposite state of action and vigilance; that it is the consequence of the exhausting and stimulating powers,—food, light, sound, motion, the blowing of air over the face in a carriage, and, not in a slight degree, of the intersexual pleasure. The causes of irregular or morbid sleep are, over-exhaustion from profuse evacuations, diminished supply of blood to the brain, or wearing disease; the action of sedatives, as narcotics, cold, and fear; over-excitement of the brain and nervous system, and of the voluntary muscles, as in epilepsy, hysteria, and convulsive diseases and mental anxiety; over-stimulation of the brain from drinking, as in the drunkard's sleep; or of the stomach from gluttony, as in the four days' sleep of the Australian savage, after gorging down a whole kangaroo, which calls for sleep and the dedication of all the vital energies to the office of digestion; pressure on the brain from general fulness, effusion, or impeded circulation; an imperfect state of the brain, as in ramollissement, though Dr. Abercrombie's cases of that disease are not characterized by somnolency, and, albeit, somnolency is not sleep, but a state between sleeping and waking; obstruction and absorption of bile, and irritation and other disordered states of the stomach; insolation, suppressed eruptions and discharges, defective supply rather than exhaustion of sensorial power (*Mason Good*), and, lastly, habit, to which Boerhaave ascribed the case of a physician, who slept almost always, "till he lost his intellects and perished in an hospital," and so made good the old saying, that "a man may sleep till he sleeps his senses away." Whether the doctor's case was altogether one of habit is doubtful. Some lie past their waking and the renovation of their powers in the morning, to indulge in habits which strike at the very root of their masculine energies, instead of rising when the particular ideas springing from the sense of renovation begin to influence the imagination. To such persons the benefit of sleep in the main is lost. Over-sleeping may be a habit, and, as John Hunter thought, no very healthy one. I have known at Cheltenham frivolous and dissipated females, given up to the trivial pursuits of the little fashionable world, and inflated with its follies and vanities, who were in the habit of lying in bed day by day, after a course of wretched *routs*, and keeping their children in bed till noon with them. I have seen the same pale and backward children of these watering-place wives, the last class of women in the world that a man who values domestic happiness and rational intercourse ought to marry, recover health, appetite, and bloom, by escaping from the mother's pernicious influence for a time, and taking the wings of the morning to enjoy what the Scotch call the "caller air." It is better to take a tonic through the medium of the lungs, than through the stomach in draughts of soda and gentian from an apothecary. We have a facetious saying in Herefordshire—"Six hours' sleep for a man, *seven* for a woman, and eight for a fool." Something like the same term of slumber is popularly ascribed to John Hunter's *dictum*. What Mr. Hunter really said is this:—"Sleep fills up only about one-third of the life of an animal, and it is as essentially necessary as food, for sensation is a fatigue to life. It is sometimes preternaturally increased in lethargies, from pressure and other causes."—(*Notes of John Hunter's Lectures, &c. MS., by the late Thomas Creaser, M.D., Bath.*)

> "He who would thrive must rise at five,
> He who has thriven may lie till seven,"

is another saying for farmers and tradesfolk, who generally never make men of business, and go to rack if they lie a-bed. But there are exceptions to the code,

leaving the numerous class who, like Thomson the poet, have "nae motive" to rise betimes. The length of sleep cannot be regulated for all constitutions by one standard. The delicate, the debilitated, the troubled in mind, and those whose rest is interrupted by nervous or stomach disorders, require "nature's sweet restorer" twice for another's once. Sancho Panza "never desired a second sleep, because the first lasted from night till morning, a sure sign of little care and an excellent constitution." Sleep is a blessed Lethe—a divine suspension of daily evil—to many who awaken with the first chatter of the swallow only to tell the sun "how they hate his beams," knowing nothing so horrible as the consciousness of their own existence, and the difficulties which they have to encounter. It is something to *them* to go to sleep and forget their ills.

What is the proximate cause of the diseased action?

Mason Good theorizes that lethargy is, with few exceptions, a strictly nervous affection—a disease of debility—arising from a weak and irregular action of the brain, and a consequently diminished production of nervous power. The power so diminished is irregularly distributed in its different departments and ramifications. It is withheld from the external senses and voluntary organs, while it is supplied to the involuntary organs, as in common sleep, and as, for instance, in the case related by him, in which the patient slept "without intervals of sensation, waking, or consciousness," for *forty days* and even *seven weeks*! The lethargy is longer or shorter, according to the degree in which the power of producing sensorial energy is diminished. He considers, then, that lethargy is the effect not only of exhaustion, but of a defective supply of sensorial power.

In Mutlow's case I was of opinion that no exciting cause was so probable as the irritation of the stomach and bowels from vitiated secretions of mucus and worms, acting upon a peculiar disposition of the nervous system. The absence of the fits for some interval after cleansing the stomach and bowels tended to strengthen that opinion. Dr. Darwin has related a case of ecstasy in a boy, which was supposed to proceed from worms: it began with an epileptic aura, and terminated in stupor (*Dr. Prichard*). But the return of the paroxysms showed that the brain was affected to some extent, perhaps by habit, independently of the stomach and bowels. Want of sufficient circulation in the brain, and consequent want of the natural stimulus of blood necessary to enable it to produce in the regular manner the renovating principle of healthy sleep, seems to me as plausible a mode of explanation as Good's. Do not profuse evacuations, freezing cold, and hemorrhages, produce torpid sleep by diminishing the circulation in the brain? But one theory may sound as well as another, and yet both be wrong.

Sleepwalking, ecstasy, catalepsy, and idiopathic lethargy, are of one kith and kind, and have many symptoms in common, particularly the two last (*Good and Prichard*). In ecstasy and cataleptic trance the eyes are generally open, staring, and fixed on one object, but, in most cases, without perception; in my case they were closed. The muscles are not rigid but flexible in cataleptic trance,—so in my case. In all the three first the sight or hearing, and in sleep-talking the speech, continue awake, whilst other organs are plunged in deep sleep. So in my case towards the close of one paroxysm she could both swallow and walk, and even hear, imperfectly, the lethargy having passed into somnambulism.

In Good's case of lethargy the ears and voluntary muscles were half awake, as in "remissive lethargy," whilst the eyes and general sensorium were asleep. In cataleptic trance irritable power is completely exhausted; the walking showed it was not entirely exhausted in Mutlow. In some modifications of cataleptic trance the powers of deglutition and digestion are not wholly suspended, provided the food be thrust into the mouth; in Mutlow deglutition and locomotion were not voluntary but automatical; she awoke outwardly but still slept inwardly.

Mason Good explains these curious phenomena in this way. He says that all parts of the system do not, in every instance, associate in the torpor or sleep of the rest, that some of them may awake suddenly whilst the rest continue to sleep. According to his ideas, her not being aroused by the water of the Wye, would be owing to the increased torpor of the sleeping organs, through the increased demand for sensorial energy to supply those organs which were awake. In the unequal state of the senses might not the vigilant organs be sufficiently renovated by sleep to be acted on by stimuli, before the rest were in a state to make the transition from sleep to vigilance? An extraordinary case of a sleeping girl, æt 16, is related by Dr. Prichard, with whom the senses were in these opposite states. She walked, talked, and heard, when led about in the fit, and forgot every thing when she awoke. The phenomena ceased upon the establishment of the uterine functions. I understand Dr. P. to be of opinion that

the power of perception of one sense in that, and of another in this case, the power of motion, and the vicarious office of one sense to another, depend on what organs the attention is voluntarily directed to, and on the guidance of habit.

In like manner, as the nerves of the external senses and of motion may be awake, whilst the person is inwardly asleep, one or other of the mental faculties may be stimulated into vigilance; for instance, the judgment or imagination. "Some dreaming persons," says Dr. Spurzheim, "reason sometimes better than they do when awake:" and others, who have had the same thing occur to them, have been astonished at some puzzling point, which had perplexed the judgment, being resolved with superior wisdom—nay, more wisdom than the dreamer gave himself credit for when he awoke—by a visionary being in a dream. Yet they say people never reason in their dreams. The imagination was so excited in the case of the Rev. Wm. Jones, of Noyland, Suffolk, that he copied a beautiful ode from the recollection of the music and poetry of a dream. The perfection and liveliness of the judgment or imagination are supposed to depend upon the sensorial power being produced more readily in sleep, because the activity of the involuntary organs is uninterrupted, and the ideas are not broken in upon and weakened by external impressions and disturbances, in a state of perfect tranquillity.

How much more singular and inexplicable are those dreams, in which the excited imagination presents strange objects and occurrences sometimes realized by the future! They resemble the sixth stage of animal magnetization, in which, as in the second sight, it is pretended the somnambulist can penetrate things hidden in futurity. (*Dr. Prichard.*) Mrs. Evans, the lady of Dr. Evans sen. of Ross, dreamed vividly that she saw a gentleman in a carriage drive up to the door. She related the occurrence to the family next morning: on that very day, a perfect stranger, resembling exactly the ideal person she had described, actually drove up to the house. An elegant copy of verses, which I have not now at hand, was written by a lady and founded on the fact of her seeing a strange lady and hearing her play a beautiful piece of music in a dream; some time afterwards, the dream, which was indelibly fixed in her mind, was verified by her coming upon the real object in the very act of playing the illusive strain.

Treatment.—As to the treatment of lethargy, Mason Good observes, that when the disease, as is mostly the case, is one of nervous and especially of general debility, and characterized, as he reasons, by a feeble and irregular distribution of nervous power and loss or disturbance of the balance of the nervous system, "a *reducent* plan is *wrong*!" It is *wrong* in every case which does not clearly depend on plethora and congestions. In all the ancient cases which I have cited, it failed. In Dr. Cook's case, cupping roused the patient merely, and salivation suspended the paroxysms only so long as it affected the system. Ignorant practitioners, he remarks, have confounded all the four kindred diseases compared above with apoplexy, and equally confounded the proper treatment, pursuing, instead of a stimulating method, one common plan of bleeding and purging, "which cannot be laid down as the proper plan to be pursued in general, nor even, in any case, as one advisable, farther than it may be called for by the contingency of the exciting cause." An exception may occur in a case where "no *peculiar* cause can be ascertained, but in such a case local bleeding only is justifiable. Dr. Underwood, the general practitioner who preceded me, totally failed in his treatment of Mutlow's case upon the bleeding system.

I confess that I was surprised that he had recourse to so doubtful a step without the slightest proof of plethora or increased action forming either a cause or a combination of this disease. It added much to this surprise that he should have been blind to a point so obvious and important as the disordered state of the stomach and bowels. Slight counter-stimulation of the bowels, galvanism along the spine, musk, camphor, and the metallic tonics, especially *Sulph. Zinci* (gr. j, two or three times a day), are, as Good thinks, the most promising means. A gentleman at Coventry gives a very powerful revulsive agent in obstinate cerebral cases, with frequent success, and I think the *Sulph. Zinci* in my case owed whatever influence it exercised over the disease, to its counter-stimulant operation on the system. The common dose is from gr. v to ℈j, but I gave it ʒj at a time, after the fashion of the doctors of old, who were no pigmies in posology. Mr. Brewster's case terminated by hemorrhage from the nose, my case after hemorrhage from the stomach; but how far such circumstances are critical I know not. Ann Finn (the interesting case of catalepsy reported by Mr. Ellis, surgeon of the *Jervis-street Hospital*, Dublin, LANCET, May 2) "vomited a clot of blood, and *immediately* found she could articulate."

Celsus says, "Excitat autem validissime repente aqua frigida infusa. Post remissionem itaque, perunctum oleo multo corpus, tribus aut quatuor amphoris totum

per caput perfundendum est." Cold water, however, did not succeed. M. Pélerin, of Lyons, has given the cases of eight cataleptic females, who could be made to hear plainly by whispering at the epigastrium. Autenruth and Reil conceive that perception by the brain through the ear is closed, and transferred to the great ganglionic system of the grand sympathetic, that system assuming the office of the brain, and becoming a new sensorium at its centre at the epigastrium. It is singular that Dr. Prichard should have summed up sceptically upon this point, immediately before the coming out of Mr. Ellis's case of Mrs. Finn, who "could repeat with accuracy every word addressed to her through this region. This experiment was often repeated, and always attended with similar results. She could hear the lowest whisper, or even the ticking of a watch." I was never present during a paroxysm to try the experiment on Mutlow.

Ross, June 2, 1835.

FOREIGN SUBSTANCE IN THE RECTUM.

To the Editor of THE LANCET.

SIR,—A case of considerable novelty came under my notice a few days ago, and after mentioning it to several of my medical friends, I have been advised to transmit an account of it for insertion in your widely extended Journal. I comply with the suggestion, not because it is a case of importance, but merely to show to what extent the rectum can be dilated, and how long it can bear the presence of an enormous foreign substance in contact with its lining membrane with impunity.

A person named Muggeridge, aged fifty years, of spare habit, in appearance healthy, waited upon me to state that he had been advised by a friend to push a piece of wood up the rectum, with a view, by the process of rubbing, to disperse a stone in his bladder. His friend he said also had not only advised this course, but was kind enough to procure the trunk of wood for him "free of expense." He (Muggeridge) accordingly commenced the process, but unfortunately forced the instrument so far up the rectum, that all his endeavours to withdraw it had proved unavailing. After three days of inconvenience, he had now come to me for assistance. At first I thought that his tale had no foundation in truth, but after an examination I found that I was wrong, though with my finger I could not discover the object of search. On placing my hand over the pubis, towards the right side, where he said he experienced most pain, I felt some hard substance, and then introduced a metal bougie, which struck against a foreign substance. With some difficulty I passed the four fingers of my left hand up the rectum, and found the presenting end of the alleged piece of wood, its anterior end resting over the pubis. By pressing and keeping the point of my finger on its posterior part, I then introduced the blade of the straight midwifery forceps in the place of my finger, and next applied the other blade, trying to bring down the object of search, and, after several times losing the grasp, I succeeded in accomplishing its extraction. I was indeed astonished at the result. The piece of wood proved to be a portion of a stout branch of a tree, rough and ugly enough. It was seven inches long, and seven inches in circumference where two projecting knobs, each as large as half a fowl's egg, had formed the commencing division of two new branches. When the forceps were grasping it, the dilatation extended to ten inches in circumference as they passed out of the rectum; I forward it to your office in testimony of the correctness of my description.

No untoward symptom has supervened, though great force was necessary in withdrawing the object, and a certain degree of laceration of mucous follicles and minor bloodvessels was unavoidable. I am, Sir, your most obedient servant,

JOHN GRAY, M.R.C.S.E., and L.A.C.

7, Upper George-st., Bryanstone-sq., May 21, 1835.

TEA AND COFFEE.—The man who ventures to condemn the use of tea and coffee would appear very bold in the eyes of English ladies; while he who praises it would appear equally bold in those of most continental dames. Yet certain it is that the drinking of over quantities of this fluid is one of the most frequent and powerful causes of indigestion amongst the females of England. Every man acquainted with the hospital or dispensary practice of a city or large town, cannot fail to have remarked the frequency of this cause of indigestion, particularly amongst female servants and poor roomkeepers. If they consent to abandon the habit, they are speedily cured. If not, their stomach and nervous complaints persist ad infinitum.—*Dr. Higgins on Climate, Diet, &c. in France and England.*

ABSTRACT OF THE EVIDENCE OF

MEMBERS OF THE ROYAL COLLEGE OF SURGEONS IN LONDON,

TAKEN BEFORE THE

PARLIAMENTARY MEDICAL COMMITTEE IN 1834.

EVIDENCE OF MR. GUTHRIE.

(Continued from page 313)

51. The next matter discussed by the witness is the remuneration of practitioners, and having introduced the subject to the notice of the Committee he thus proceeds:—"The general practitioner in most cases charges for medicines in order to remunerate himself; and it is said by some malicious people, that he makes his patients swallow three times as much medicine as they ought to do, in order that he may be properly remunerated. Some patients, *it is true*, throw the medicine away; but still they pay for it; and some very good people swallow it, thinking they are doing that which is right. Now I do *not* mean to say that this is true; but I will tell the Committee a fact, so far as regards myself. I have been called in with a general practitioner to see a patient, and it has happened that he *says* to me, 'Sir, are you going to order that person a pill?' 'Yes, sir' (I reply), I hate physic myself, and I am going to give him the least possible quantity.' 'Yes, sir,' says he, 'that is all very well for you, but it is not very well for me. This patient is a very parsimonious gentleman, and he will give me but 2d. for the pill, and in addition to having me here now, he will probably have me here again in the morning, to know the effect of it.' 'Well,' I say, 'what is to be done?' He says, 'At all events put it into a bottle.' Well, I cannot refuse such a request; so I generally give the medicine in such manner as he pleases, provided he gives only the proper dose. He may give it in *two* draughts instead of *one*. Now this is not making a person swallow any greater quantity of medicine, but it is an *inconvenience*, and *therefore* I am very desirous that that way of remunerating the general practitioner should be done away with;* but this is one of the most difficult parts of the subject. Knowing that I might come for examination before this Committee, I applied for information to various gentlemen in this town. I found some decidedly prefer a fee for their attendance; others as decidedly preferred charging for their medicine, and their reason was thus stated: 'If I were to charge a fee, I should never get it. Now, suppose I am attending a poor man in such a street. If I send him in a bill at Christmas for 3*l.* 8*s.* he will pay it; but if I send him *a bill for* 5*l.* 10*s.*,† he will put it behind the fire, and I shall never get a farthing of the money. Then what is to be done if I charge him for attendance? For the 3*l.* 8*s.* I am obliged to visit my patient perhaps thirty, perhaps sixty times. If the Act of Parliament were to fix the fee at 2*s.* 6*d.*, and to give me the power of prosecuting him, if he would not pay me, I should *make him pay the* 5*l.* 10*s.*, but put him to very considerable trouble. Another inconvenience would arise from the plan of *fixing* the sum to be paid for each visit. Suppose it were fixed at 2*s.*; one of my patients is a poor man; and another patient, his next-door neighbour, is a man of importance, seven or eight degrees above the poor man. The man of importance would say to me, 'You attend neighbour so-and-so for 2*s.* a visit. Why charge me 5*s.*?' It would be impossible to make a gradation between those different sets of persons; and when I came to a gentleman of rank, and charged him 10*s.* a visit, he again might say, 'Here are 2*s.*, and 5*s.*, and 10*s.*; how is this to be settled?' There are bad men in all professions, and the power of charging a man either 2*s.* or 5*s.* or 10*s.*, is a power which no person should possess by a law.‡ The general practitioner now sends in his bill, and charges so much for medicine, in detail; and he puts at the end of it, 'For attendance,' leaving a blank to be filled up by the patient. I believe that it would be very advisable to get rid of the practice of charging for medicines, and to allow the practitioner to make a legal demand for his visits; § or, in other words, for his attendance and his medicine conjointly; but

* One would suppose that a man who had talked so much about his anxiety for the "public interests" and the "public advantage," would have been desirous to "do away with" this "way of remuneration" on some other ground than his own "inconvenience." But we ever fail to discover in his acts and opinions any principle of action or thought but that of self-interest.

† The witness must have drawn on his own invention for such a *reason* as this.

‡ Why the law would be the very means of preventing this abuse! The argument is fiction from beginning to end.

§ Which demand the law already allows him to make.

the rate of payment should be left to the capabilities, wishes, and arrangements of the different individuals."—The witness, we observe, continually sets up straws merely to have the pleasure of knocking them down again, and his topics are as medley as the colours in a harlequin's jacket. We never yet heard any man argue for fixing an amount of fee by Act of Parliament. As a rule of remuneration, charges for attendance could only be maintained under variations in the fee.

52. The cost of dismemberment from the College next becomes the subject of remark, and here some facts come out, which at the Old Bailey would be called swindling. The witness says,—"When a member of our College demands of us a disfranchisement from the College, legally executed, we have charged him very different fees. Doctor Wathen was disfranchised in 1753, for which he paid forty guineas. The fee is now reduced to ten guineas; and the Council, desirous of being *as liberal* as possible, lately thought of doing away even with that charge, and of giving the disfranchisement *for nothing*." (Oh too generous men!) "But they have not agreed to it, in consequence of a circumstance I will now state. It is very inconvenient to have dead people in the list of members, and therefore, in printing the list, when we have not heard of a gentleman for seven years, his name is omitted. Not hearing of a particular gentleman for seven years, his name was omitted; though, as afterwards appeared, he was alive and residing abroad. While abroad, he declared himself to be a member of our College. Some curious people took the trouble to send for a list of our members, in which, as his name was not found, they declared that he was not a member, very much, as he says, to his detriment. When he came to England, he thought it would suit him better to become a member of the College of Physicians. They insisted that he should bring a certificate of disfranchisement from us, and he applied to me for that certificate. I said, that our College would give it, I having no doubt, at the time, about his *paying the usual fee*. He said, however, that he would not pay the fee, because he was not on the list of the College. I replied, 'Very well; all you have to do is, to go to the College of Physicians, and tell them, that you are not on the list of the College as a 'surgeon.' 'Aye,' he replied, 'but they say I am.' So I said, 'Well, what is to be done?' So he said, 'You must disfranchise me.' I said, I could do nothing of the kind, but that I would replace him. He said, 'No; I am as good as dead.' I said, 'Well; you shall be either dead or alive, whichever you please.' But he determined he would be neither, he would be nothing but disfranchised. Here the matter stands at present. We agreed that we would disfranchise him, taking the fee first, and afterwards returning the money. But the doctor is a little pugnacious, and he will not pay the money first and have it returned to him." —The doctor was wise as well as pugnacious. After he had paid the money, doubtless he might "wish he could get it" again. The justice of the Council in this transaction, and the puerility of the agent who narrates it, struggle for the supremacy in this story.

53. The foregoing, after all, however, was *not* the reason *why* a fee is still charged for dismemberment, for the witness goes on to say, "I will now give the reason why we charge anything for disfranchisement; and it is this." And he then explains that the Council ought to be paid for their trouble in assembling to grant the disfranchisement, adding "I do not find, on reference, that any public duty, or indeed any business whatever, is done in this country, without a certain sum of money being paid for it." For instance, "the gentlemen about the Lord Chancellor and the Judges will not allow us to have two new by-laws approved by their Lordships, unless we pay thirty guineas for each. Hence it appears to be the custom in this country that all business is paid for, and therefore, I think, the College has not acted improperly in demanding a fee to be disfranchised. * * * We would rather not pay one of the fees of thirty guineas," the by-law being useless. "The fee is divided between the Lord Chancellor, the Chief Justices, and, I presume, the gentlemen in their offices. We do not find that any public document is ever given without payment; besides, we would rather oblige the College of Physicians to give up the demand for the disfranchisement of our members. It appears to me that the more knowledge a practitioner in physic possesses, the better." This last statement from this witness startles us. By-the-by, the Council of the College of Surgeons have received 336*l.* for disfranchising members during the last ten years.

54. "What regulations do you think expedient for the management of hospitals, with a view to promote the medical education of students?"—"Our country brethren in the large hospitals, at Manchester, Liverpool, and some other places, are not satisfied with the existing arrangements concerning the metropolitan hospitals. They think that the students ought to be allowed to come up to London for examination at the College, without undergoing any course of study in the metropolis.

The surgeons of Manchester represented to us that their town afforded greater opportunities for surgical study than some of those places which enjoyed the privileges denied to Manchester. I have no doubt myself that after a *reasonable* lapse of time *some* concession will be made by the Council. But it will be necessary that some control should be exercised by the College over those hospitals. In England a small hospital, which takes in but 100 medical and surgical patients, is little better than a parish infirmary. I take this opportunity of overturning a statement that has been made upon many occasions, viz., that we are an irresponsible body, for I find that all the Secretaries of State, whenever they have *thought fit*, have called upon us for our reasons for everything that we have been doing; and I have no hesitation in saying, that if the Secretary of State would interfere a little in medical matters, he might settle any grievances that occur, in a very short space of time. I am convinced that all those differences which have troubled the House of Commons for the last two or three years, might have been settled by the Secretary of State in three weeks, at any time he pleased, to the satisfaction of all parties."—For "all parties" read "all corporators and monopolists." With regard to the "responsibility" of the Council, let us observe that responsibility to Secretaries of State has been simply a subjection of corruption to the corrupt. It is ridiculous to talk of such "responsibility," even if it existed. Subjection to the voice of the members, only, of the College, can deserve the name of responsibility in this institution.

55. There follows a long defence of the Council for refusing to "recognise" the "Western Hospital" of Mr. Sleigh. It was too small, the witness says. It was too *inconvenient* for the Council, say we, and this fact the witness confesses in the line we mark below in italics:—"If the College would have given its recognition, I have no doubt that the Western Hospital would have gone on, slowly and slowly increasing, and perhaps it might at last have become just *sufficient for its purpose* and no more. It therefore was *of the greatest importance to oppose such a precedent*. In fact, in my own view of the subject, it is desirable to prevent the formation of small hospitals in London altogether. There is a small hospital at Charing-cross: now that hospital is intended, I believe, to hold about eighty people. When that institution obtains funds (which it probably will do), and is able to open its doors, and take in its eighty or one hundred people, an application will be made to the College for recognition; which I for one shall in all probability decidedly oppose."—And here, reader, observe the puff of the *Westminster Hospital* (of which the witness is surgeon) that follows. He had told the Committee, in an uninteresting part which we have erased, that the new Westminster hospital was a middle-sized institution, which contained two hundred beds. After condemning all hospitals containing less than one hundred beds he says,—"On the other hand, if an hospital be much too large, there are equal disadvantages. A young man sees so much, that his attention is distracted." If small hospitals be not recognised by the College because they do not afford sufficient instruction, and large hospitals afford so much that they are "*equally disadvantageous*," how comes it that this conscientious Councillor is a party to the "recognition" of St. Bartholomew's, Guy's, and St. Thomas's Hospitals, which contain 500 beds each nearly? It is memorable to hear the witness conclude this part of his evidence, as he does, with the following gratulatory sentence:—"I hope in future we shall not be charged with interested and improper motives, and that it will be evident that we do really act for the benefit of the public!"

56. Another sentence which ought to be presented to the notice of our brethren in the country hospitals, who have just read Mr. Guthrie's declarations in favour of compulsory hospital attendance in London, is the following, which just precedes the extract we have made about the "disinterested" motives of the Council:—"I do honestly declare that a young man coming to London does not always receive all that benefit from an hospital that he ought to do." Mr. Guthrie ever professes to speak the exact sentiments of the Council.

Here is another confession respecting the fraudulent certificate system. The witness admits that the presentation of a certificate is only a proof that it has been *paid for*:—"When students come to London, and present themselves at the College for examination, they come with a certificate. But unfortunately we know, that although it implies attendance, sometimes they have scarcely attended at all. That they have paid their money is quite true, or they would not have received their certificate; but that they have really and truly attended, we know very frequently, is not the case." The witness then asks for power to compel the authorities of the hospital "to direct that the names of the students attending the hospital shall be called regularly over, from week to week, or from month to month, in order to ascertain that they are really present,"

The student answers to his name and then flies away to the billiard-room. By such means would the Council patch up the decaying and corrupt system! And the witness actually adds,—"For I must say that an examination is not, alone, a sufficient test of knowledge, and I am equally aware that *making a man* ATTEND *hospitals is* NO PROOF THAT HE HAS ACQUIRED INFORMATION. A horse may be brought to water, but he cannot be compelled to drink." But the Protean changes of assertion are not yet ended, for the very next moment the witness says,—"but I believe, that if you make a medical student ATTEND regularly at an hospital, day after day, he cannot help obtaining a degree of information!" &c. &c., and the drafts on our wonder do not even here cease. The witness seems to "hesitate" at nothing. "I do not hesitate to say, that amongst those attending my surgical lectures, I have at this moment three or four, who have paid me their money, whom I have never seen since; and when last season I called their names over, I found that they were absent. They had paid their money, and walked off to the country, and had relied upon my never discovering the fact; and at the end of the season they would have come to me, and asked for a certificate, and PROBABLY THEY WOULD HAVE GOT IT." "It is not the interest of teachers," he adds, "to trouble themselves to prevent" these abuses "unless the rule is general." Had the chairman asked him, "Are not you the greatest humbug alive?" we cannot be quite sure that the witness would have replied in the negative.

58. The Chairman next asked the witness if he had any observations to offer concerning the schools of anatomy. This the witness designated as the most important question of all, and described the state of those schools while he was a student, thirty-five years ago, when anatomy, according to his statement, was "remarkably well taught," and the fee for instruction in them was 20 guineas. "Competition, however," he says, "arose, not of talent, but of expense, and the question naturally followed, for how little can anatomical instruction be obtained? The consequence of this, at last, was an interference on the part of the College of Surgeons, and they refused to recognise such schools in London as did not come up to THEIR IDEAS of the just and right mode of teaching. A man who teaches from a dead body only is a demonstrator, not a teacher of anatomy. He must have a museum of very considerable size, and drawings, and books, which must put him to very great expense, with an annual expense to augment and maintain the collection in proper order. If a man has forty students, paying *only ten guineas each*, it amounts to only 400*l.*; and that may be considered in many cases to be a large class; and that class occupies him from the first of October to the middle of May, so that he can hardly make enough to preserve a decent appearance. The consequence was, that when gentlemen found that they could not do all this, they ceased to teach anatomy as it ought to be taught, and the public were the sufferers. They became mere demonstrators, instead of teachers of anatomy; and yet they gave certificates as teachers, and, upon those certificates, their pupils appeared at the College. Now see the evil: a young man presents himself before us, and questions are put to him in minute anatomy; for instance I will take the kidney; he will be desired to describe its structure, and the manner in which the secretion of urine takes place. He hesitates and *cannot answer*. He is asked, 'Have you not had that structure explained to you by your teacher of anatomy?' he says, 'No, *I never heard a word of the structure*;' 'Well, but you have seen the preparation of it in the museum?' 'No, sir, we have *no such preparation in our museum*.' 'Have you any museum at all?' 'Yes, we have a few preparations.' We find in fact that he is ignorant of minute anatomy altogether, and that he has learnt nothing but what may be called gross anatomy, NOTHING *that can make him a respectable practitioner of the first class in any town in which he may reside*. The Court of Examiners tried to rectify this evil, but they set about it in the wrong way. They saw, that to teach anatomy well, it should be taught in large schools that had museums, which I have described to be necessary for the purpose. They said, therefore, 'We will recognise no schools, except those that belong to large HOSPITALS; those establishments have all the means of instruction which we think necessary.' The gentlemen who did not belong to the hospitals of course did not like this. They said, 'This is all very well; you say, it is for the good of the public; but we say, it is for the good of yourselves. You want to pocket all this money, and to deprive us of our fair and due proportion.' The Council would not yield for a long time; at last they *did yield*. They did so, because, *unfortunately for them*, they had added to their regulations that a school was to be considered competent, if it had the approval of the surgeons of any of the large hospitals; making those surgeons the judges of what was a sufficient school, instead of keeping that power to themselves."

59. There are several things to be particularly noticed in connexion with this statement. First, we have often explained that the Council really "interfered" because their friends were the parties who were receiving the twenty-guinea fees, and in "competition" foresaw a reduction in their classes of students. We again thus dispose of the question of motive for the interference of the Council. Secondly, the illustrative preparations of the old schools were very rarely used by the teachers. Thirdly, the cheaper schools have abundantly proved that their accessory means of anatomical instruction are fully equal to the purposes of instruction. Fourthly, the Council could not have believed that the cheap schools were unequal to the purposes of instruction, because they at length complied with the demand for their recognition, and received "certificates" from them. Finally, the instruction imparted at them has been fully acknowledged by the Council to be efficient, because the average of rejections at the College examinations since the cheap schools sprung up, has not been more than about one student in fifteen. What, in the face of this fact, becomes of the story about the kidney and its functions? And here we request the teachers of anatomy in this metropolis to observe the character which one of the presidents of the College has given to the Commons House of Parliament, of all those teachers amongst them who do not charge twenty guineas for "certificates" of instruction in anatomy. The inability to preserve a "decent appearance"; the "ceasing to teach anatomy as it ought to be taught;" the "mere demonstrating of anatomy"; the giving "certificates" of courses which contained nothing that was "minute," and only what was "gross"! What do not English surgeons and anatomists owe to Mr. Guthrie? Take the case of Mr. Grainger, for instance. That gentleman charges ten guineas for certificates of precisely the same kind as the teachers in the hospital schools charge twenty for. In three years, 1831, 1832, and 1833, 162 pupils went up as candidates for the College diploma, from his school. These students, according to the direct statement of Mr. Guthrie, "had never heard one word about structure"; they had "never been shown any anatomical preparation." Yet only nine of these 162 were rejected by the College examiners, and probably four of those nine were rejected for some deficiency in their knowledge of *surgery*. But to this fact another should be added, namely, that the rejections of candidates from one of the *dear* schools, that of *St. Bartholomew's Hospital*, were, during the same three years, 1831, 1832, and 1833, as much more numerous in their relative proportion than those from Mr. Grainger's school as seventeen is greater than eleven, and nearly four times as numerous as those from another great non-hospital school, against whose "competition" the Council virulently set their faces somewhat later in the war against medical reform. For evidence of the truth of these statements we refer to page 18 of the Appendix to Part 2 of the official Parliamentary Medical Evidence.

60. Some account follows of the proceedings of the College in the cases of Mr. Grainger of Birmingham and Mr. Bennett, where the council acted an infamous part which we thoroughly exposed at the time. The defence of the Council in the case of Mr. Bennett is contained in the following sentence:—"The College of Surgeons felt in 1826, that if they had given their sanction to a school for English students in Paris, they would probably *fail in their efforts to obtain proper schools for students in London*."—Their efforts! What efforts? Why their efforts had hitherto been all the other way. No, no! The profit on dead bodies,—on dealings with the resurrection men,—were put in jeopardy by the resort of students to Paris. Honest Councillors would have rejoiced during the scarcity of bodies in England, that students were able to resort to Paris, and thus promote their own studies and diminish the competition for subjects in London. Let it never be forgotten in the discussion of all these questions, that the hospital teachers and the Council of the College were, and still are, intimately identified, either in person or in interests. With a knowledge of this fact, how disgusting was it to hear this organ of the Council interweave with his remarks the following sentence!—"My object in making this statement, is to acquit the Council of the imputations cast upon them for their conduct in the case of Mr. Bennett, and to show that they acted therein upon sound principles, and with that strict justice they have shown on most other occasions."

61. On the 30th of April the witness again appeared before the Committee. When his opinion on the effect of the Anatomy Act was asked, he replied that it had produced extreme satisfaction both to himself and the profession, "so far as it had gone." But he thinks that the means of equalizing the distribution are defective. He advocates a registry of students at the College (a foundation for something worse), the exercise of private influence with the parishes, and the superintendence of the Inspector. With regard to this disinterested Councillor's mode of proceeding

when his own wants are in question, he says,—"When I want a body to lecture on, or for my own demonstrations, I ask no one but the surgeon of the parish to deliver it to me, *whether it is the turn of my school or not*, and he at my request sends it to me, and the necessary documents to the inspector."—This is the man who asks for "more power" for the Council. He comes into Court with clean hands, truly. His confessions before the Parliament are brazen indeed. Let the reader admire the "because" in the following answer, if he esteem bold sayings.

62. "Could such details as these be provided for in an Act of Parliament?"—"No, by the Secretary of State. I admire the Anatomy Act much, *because its provisions are imperfect*; and it is worked by authority of the Secretary of State; which he can better do than any one else." And why not by an Act of Parliament?—Why because the Council might be able to *manage* a Secretary of State. The management of an *Act of Parliament* is beyond their compass.

63. After this follow some remarks on the proceedings of the schools, verifying all that has been said in this journal on the subject, and accompanied by the following admission with regard to the Inspector of Anatomy:—"No one could have done his duty better;" and again:—"I believe he has done everything that a man could do in his situation."

64. "State the mode of proceeding at the examination of candidates, and the emoluments of the Court of Examiners."—"When a gentleman believes that he is competent to undergo an examination, he produces his certificates to our secretary; and fixes his own time for his examination, and the gentlemen are called upon, ten at a time, every Friday; but at this season of the year, the Court sits two days a week, and it has sat three. The hour is six o'clock; the two junior examiners look over the certificates. The originals are returned to the individual, after he has passed the examination. They are *his credentials* in addition to the diploma.* The candidates rarely produce more than the certificates desired. If they have taken pains, and show a high qualification (numerous certificates), they think they may chance to have a more severe examination. I take delight, if a man can show off, in letting him do so, and, in fact, in making him do it. At six the president takes the chair; the first candidate is introduced, and placed at the bottom of a horse-shoe table. The president usually directs that one member shall examine him. It is common for the person sitting next that member to take a share, and if any misunderstanding of a word, or little difficulty about the sense of the question arises, he *assists the examiner.** The whole court interferes whenever it pleases. The candidate is at the end desired to withdraw. The gentleman who examined is called upon to state whether he considers the candidate qualified or not. If he is satisfied, he proposes that the candidate shall have the diploma. If not seconded, it falls to the ground, but if it be, it is then put to the vote, by holding up of hands. We have some very kind-hearted men, who did not think it right to hold up their hands either one way or the other. They did not think the candidate quite fit, or *quite unfit*; and the result was, that a candidate has been approved by *merely two hands*, those of the proposer and the seconder, while no man thought it right, *from humanity towards the young man*, to hold up a hand against him."—Such is the mode of proceeding in an institution which the witness has over and over again declared always acts exclusively for "the public good;" has raised the surgery of England to the highest point of perfection in Europe (*vide* paragraph 32); sends forth its diplomas as guarantees of competency to practise surgery, and asks the Parliament for "more power." Why the abolition of the powers of this Council by the Parliament ought to be the signal for a public illumination. The witness sees the enormity of his facts, and adds the following as a saving clause,—"But *of late* an alteration has taken place upon this point. We reckon as ayes those hands only which are held up; and the hands not held up, as noes; by which we arrive at a *much fairer conclusion for the public.* Now and then a little *compunction* occurs, and we reconsider the matter, and have the student back again."—"Kind-heartedness" and "compunction" may well mollify the irresponsible proceedings of men who turn away twenty one-guineas whenever they reject a candidate.—"The proposition for conferring the diploma having been carried, the candidate is then called in, and informed that he is approved. He next pays to the secretary 21*l.* for the

* His "*credentials!*" Oh, worthy Council! "In *addition* to his diploma!" Oh, much-gulled public! "The certificates," said this witness, two days before, "are frequently *forgeries!* Nothing is more common than *forged certificates.*" "Students continually receive certificates of lectures which they have never attended!"—See paragraphs 36, 37, 47.

* *What?* Puts his question into English, we suppose.

diploma, and 1*l.* for the stamp, and waits in the antechamber, until the oath is administered. It often happens that young men are exceedingly alarmed, and sometimes they faint, or sit like statues, unable to answer a single question. I asked a man the other night, 'What brought him before us?' He said at last, 'He did not know.' I believe if I had asked him his name, he could not have told me. Such candidates retire for an hour or two to recover their faculties, if they can; and if they come in again, and look just as frightened as before, we give them leave to come up the next day of examination; or when he likes, but they seldom come up again quickly. They wait four or five months, until they have *qualified themselves a little better*. I think it would be just as well, if the oath of candidates were done away with.

65. The examiners are paid whether the candidate is rejected or not;* but if he come up again in less than six months, the Court receives no fee for this second examination. The Court of ten examiners is paid for each candidate five guineas, and one guinea is paid to each examiner for being there at the commencement of the Court, and remaining until its termination. When the whole duty is performed, it amounts to six guineas a night for each examiner, which I suppose is paid about fifty times in the year. Now for that sum, *to say nothing about getting dinner before five o'clock*, I leave home before half-past five, and get back rarely much earlier than one o'clock. This amounts to a very great inconvenience. The generality of us are men who have been, OR ARE THE MOST PROMINENT IN THE PROFESSION,† and the surgeon of a life office, who is generally not a very prominent person in his profession, gets three guineas an hour for our one guinea. I mention this, because it has been stated, that the Court of Examiners have plundered the public, * * * * And most truly stated, for these very examiners all of them have voted in Council for regulations which require that the candidates who come before them should previously go to the hospitals, and pay there to them (the Examiners) ten times as much for certificates, as the six guineas, which they receive per night for the examinations.

66. "Was not the museum of John Hunter given by Government to the College of Surgeons?"—"Yes, in trust for the public. It was first offered to the College of Physicians, who generally have more interest with Government, but they refused to have it, because it would require money to keep it up. The College of Surgeons were quite as poor, but they did not hesitate a moment in saying that they would do their utmost to make it serviceable to the public. It cost, I think, 15,000*l.*, which was paid to Mrs. Hunter, and Government awarded us 27,500*l.*, to erect a building to contain it. There was no catalogue, or only a very imperfect one. So the Council applied to the late Sir Everard Home; and he, assisted by Mr. Clift, made out one to the best of his information, and the old papers. It consists of three large books. It has been said the College have taken no pains upon the subject; that the museum was left *in a state reflecting on the governing body*; that there was no catalogue in the museum. So far from this being the case, it is now shown *not to be the fact*. The College was, however, very dissatisfied with a slightly descriptive and almost numerical catalogue, so Mr. Clift, with his son and Mr. Owen, have since made a new catalogue, eight or nine volumes of which are before the Committee, and every preparation is now numbered to correspond, so that it may be found in a moment."—A very great eulogium here follows on the state of the museum. In reply to the astonishing denial which we have printed in italics, we may simply refer to the statement of Mr. Earle, one of the Council, who in THE LANCET, No. 512, page 404, said at his Hunterian oration that the preparations were covered with dust and in the utmost confusion. Here we must stop for the present.

* True, but the whole Council lose twenty-one guineas by a rejection.

† Most modest Author, Surgeon, and Examiner.

CASE OF

RUPTURE OF THE HEART.

To the Editor of THE LANCET.

SIR,—I was lately called upon by a magistrate in this neighbourhood to examine the body of a man named Lehane, who died suddenly in the parish of Ballyvourney in this county, and whose death was reported to the police as having occurred under suspicious circumstances. It was stated that the deceased had received a blow from the handle of a spade across the loins, from a fellow labourer in the field where he was at work, a short time previous to his death.

Lehane had been buried in the churchyard of Ballyvourney when the report

reached the magistrate. I accordingly went to Ballyvourney, accompanied by a magistrate and some police, and we had the body disinterred, fifty hours after death.

On examining externally, I could find no mark of violence. I then proceeded to open the different cavities. The whole of the contents of the abdomen appeared to be quite healthy, but rather exsanguineous; even the large veins contained but little blood. On opening the cavity of the thorax, by raising the sternum with the cartilages of the ribs attached to it, I observed the pericardium to be enormously distended. The upper or anterior surface of both lungs appeared to be quite healthy, but of a very dark ash colour.

The pericardium, when cut into, contained in its cavity about four pounds of coagulated blood, and the heart lay at its upper and posterior part, very little enlarged in size. I found a small aperture opening into the left ventricle, about two lines in diameter, and with rugged edges, through which the blood had escaped from the heart into the pericardium. This ruptured orifice was situated, about three quarters of an inch below the junction of the heart with the aorta, and on the anterior and towards the lateral surface of the heart. I slit up the left ventricle from its apex until I arrived at the commencement of the aorta, where I found the semilunar valves so thickened and altered in their structure as almost completely to block up the ventriculo-aortic passage, so that only a column of blood of the size of a pea could pass into the great artery.

The cavity of the left ventricle was enlarged, but its parietes were not thickened; on the contrary, at the part where the rupture took place, the wall of the ventricle had become so attenuated as to give way, when the unfortunate man made some strong bodily exertion. The mitral valves were not in the slightest degree diseased, and the right ventricle, with its valvular apparatus, was perfectly normal in structure.

The posterior part of the left lung was much engorged with blood, the right lung not so. Both lungs were emphysematous, but not to any considerable degree. The deposition of the dark carbonaceous matter in the substance of the lungs was very great, the patient being only thirty-eight years old. On opening the bronchial tubes I found traces of considerable congestive disease of those vessels, but more particularly in the larger ones. The mucous surface of these organs presented in many places a deep-red colour, and in other places approaching to a rusty brown, and they were coated with a bloody, frothy, muco-purulent matter.

The cavity of the cranium presented only three appearances. The brain and its membranes were perfectly free from disease, but seemed rather deficient in the quantity of blood. The large sinus contained some blood, but the smaller veins scarcely any. The substance of the brain was firmer than usual, and about one ounce of serum was found in the ventricles.

There could be but one opinion as to the cause of the man's death, and I reported to the magistrate that he had died from natural causes, and the story of his being struck with a spade-handle proved to be a fiction of a malicious neighbour.

I obtained but a very imperfect history of this case from the relations of the deceased, who were extremely ignorant and stupid people. They said that Lehane had been ailing for the last *ten* years, and that when he first became ill he complained of great pains all over his body; afterwards he experienced severe palpitations, and violent pain in his chest, left side, and arm, and could not sleep unless his head was quite on a level with the rest of his body. He had frequent fits of giddiness, and used to fall down "in a dead faint." He had had some medical treatment, but as the gentleman under whose care he had been had left this neighbourhood, I could not learn anything about it except that he was bled and blistered. On the day that he died he was attempting to plough, having found himself better than he had been for a long time previously; but in turning the plough, when it came to the end of a ridge, the exertion was too great, and he fell down in the field and expired in about ten minutes after, his friends not having time to take him home alive. I regret much that I could not get a better history of this case, but the dissection I consider interesting.—I am, Sir, your obedient servant,

J. L. M'Carthy, M.D.

Macroom, Co. Cork, May 19, 1835.

The third part of Dr. Copland's "Dictionary of Practical Medicine" has recently been issued from the House of Messrs. Longman. It exhibits no cessation in the exercise of the admirable industry and advantageous powers of condensation which have distinguished the authorship of the preceding parts of the work.

THE LANCET.

London, Saturday, June 13, 1835.

The impatience of some thousands of the medical profession regarding the apparent delay in prosecuting the subject of medical reform in Parliament, is a natural consequence arising out of the distracted condition of the profession, and of the disappointment which the members of that body have on so many occasions experienced. But let us take this opportunity of assuring all classes of medical practitioners that the delay is *apparent* and *not real*. It is impossible—as they must be well aware—for the Parliamentary Committee to agree upon the Report until the evidence is printed, and even before that last object (the Report) can be accomplished, it is necessary that the form should be gone through of re-appointing the Committee, in consequence of the late dissolution of Parliament. The printing of the evidence, however, is going on uninterruptedly, Mr. Warburton being indefatigably occupied in revising the MS., and in supplying those deficiencies of arrangement which were occasioned by the burning of the Houses of Parliament. It is impossible, therefore, under these circumstances, to predict with any degree of certainty at what time the whole of the official report will be ready for presentation, because it is of itself a matter of uncertainty when the present session of Parliament will be brought to a close. There is no want of zeal amongst any of the parties who have been engaged in the laudable attempt to place the system of medical education and practice in this country on a new basis, and no doubt can be entertained that the temporary postponement of the question must have the effect of bringing out at last a more liberal measure, under the auspices of the Ministry and the Parliament. Who, in fact, can entertain a doubt on the subject, after examining the plan which has just been submitted to the attention of the House of Commons, for effecting a reform in our Municipal Corporations? Really, the corruptionists have laid the ground for their own defeat and eternal discomfiture, by opposing the work of medical reform until after the spirit of the liberal policy has been allowed to permeate all the close trading corporations of the empire. It is now admitted by Sir Robert Peel that the most humble rate-payers in our corporate towns ought to have the privilege of electing one-third of their governing Council every year,—that the mayor or president of those bodies should be elected annually,—and that the qualification of these latter parties should depend on the possession of no other distinction or attribute, than the mere unbiassed choice and judgment of the electors. Yet in 1827, this identical gentleman declared in a letter, which is now in existence, "that he would never sanction any plan of reform in the College of Surgeons, which should give to the members of that body the right of electing their own governing council." This is *consistency* with a vengeance!

Who, then, will have the temerity to contend that tradesmen in the country towns, many of whom are wholly uneducated, should enjoy privileges of a class which are to be withheld from such a body of men as the members of the medical profession? Be it observed, too, that the mayor to be elected is in all cases to become, by virtue of his new office, a magistrate in the town wherein he is appointed, acting for the whole of the population within the precincts of the borough. If, therefore, it be admitted that the rate-payers amongst, in many instances, a very humble class of tradesmen, possess those mental qualifications which render them capable of deciding on the pretensions of

the parties by whom they are to be governed, it would be an act of outrageous tyranny and barbarity to withhold from the members of the medical profession the right of electing, at stated periods, those persons who are to act as their governing council. In fact, the development of the plan of municipal reform,—the acknowledgment of the principles on which that reform is to be effected,—cannot leave in the mind of any sane man a doubt as to the comprehensiveness of the measure which will, at no distant day, be brought forward in Parliament for reorganizing the medical institutions of this country. Under our new prospects it matters but little who may be Ministers, with regard to medical policy, because Tories as well as Whigs have expressed their decided approval of the new plan for reforming our Municipal Corporations. The current of public opinion, under the mighty impulse given to it by the press, is bearing down, is sweeping from the face of the earth, all those obstacles to improvement, all those shackles, which have been opposed to the extension of popular rights by the base, insolent, and intriguing monopolists who have so long ruled in the chartered institutions of this kingdom.

How often have we been libelled and ligned for the statements we have made respecting the conduct of the Council in Lincoln's-inn-fields! English surgeons, look now at the evidence of the President of that Council. Read the statements of GEORGE JAMES GUTHRIE. On those statements we shall make no comment here, but we say again to the members of the College of Surgeons, and all other members of the profession, "Read them, read them, read them, and always remember the name of their author."

DURING the eight years previous to and ending with April 1834, the Court of Examiners of the London College of Surgeons received from the funds of the College (independent of their receipts as members of the Council) more than 25,000*l.* sterling. The number of attending examiners at the sittings was frequently only seven.

In the latter four of those years the receipts of the Council from various sources of income, permanent and incidental, amounted to 49,160*l.*

One of the items in the expenditure and disposal of this sum is as follows: "1831, Jacksonian Prize, 4*l.* 19*s.*" Immediately adjoining that item stands, "Expense of venison under royal warrant, 7*l.* 4*s.* 10*d.*;" and in the same year the charge for "Dinners" amounts to 127*l.* 2*s.* Science and hunger did not voluntarily go hand in hand on these occasions, for a trust deed *demands* a payment for the Jacksonian prize, while the dinners are not compulsory.

In the year 1832 one item of expenditure stands thus: "Memoir on Nautilus, Two hundred and seventy-five pounds, thirteen shillings, and threepence." Which of the corporators or their friends profited by this job? The Council sell this "memoir," for amongst the receipts there occur in some parts of the accounts the two following items: "Memoir on Nautilus, 3*l.* 3*s.*;" "Ditto, 4*l.* 14*s.* 6*d.*" The members of the College who paid 275*l.* 13*s.* 3*d.* for the "Memoir on Nautilus," had to pay 7*l.* 17*s.* 6*d.* more in order to obtain possession of the article, whatever it may be.

Five-and-twenty candidates a-night have often been examined at the College in the course of the last ten years, every man of whom, with the exception of one, or perhaps two (sometimes not even one), was admitted a member of the College. On one occasion the number of candidates examined at a single sitting amounted to thirty-four, thirty-one of whom passed the ordeal, the payments received from them by the Council amounting to about 850*l.* Not one of the sittings ever exceeded six hours' duration. Thirty-four candidates examined in six hours, at a profit of 800*l.*!

We proceed this week to examine the remaining propositions in the scheme of internal reform proposed by Mr. Cusack in the Dublin College of Surgeons. We have already disposed of three of them (page 326). The following is the

4th. "The best means of obtaining, by addition to the charter, or other authority, a controlling or regulating power for the College, in the form of a Board of Visitors, as provided for the government of the University and the College of Physicians."

Greater ignorance and dishonesty surely never combined their powers with better effect to suggest a vicious absurdity than in the production of these few lines. It would be difficult, indeed, to find a better exemplification of the oft-quoted and still-applicable adage—"Quem Deus perdere, prius dementat." If the College be that paragon of perfection—that "milk-white hind, unspotted and unstained," which Mr. Cusack constantly declares it to be, what "controlling" or "regulating" power does it require in the form of a "Board of Visitors?" Will not its own wisdom be sufficient to direct its steps—its own virtue to resist temptation—its own science and learning to secure the public esteem, without drawing on a foreign auxiliary for help? To admit the necessity of such assistance as that of visitors, is surprising on the part of the wily secretary. Some fatal accident must have deranged his habitual astuteness, some untimely fit of indigestion (after one of the oyster symposiacs perhaps) must have darkened his intellect when he penned this bitter satire on the pure and unsullied corporation in York Street. Had the necessity of a controlling power for the College but been even intimated out of doors, Dr. Jacob ere this would have overwhelmed the suggester with a profusion of the sweet flowers of Billingsgate and Pill-lane. But the means of establishing this "controlling" power in an institution in which there is nothing wrong to be controlled, are equally admirable. A Board composed of unprofessional persons to regulate the concerns of a scientific institution of whose objects they are ignorant, and of whose interests they would, from their station in society and their occupations, be, in all probability, quite regardless, might be a fitting contrivance to perpetuate the abuses of the College, but a most improbable one to correct them. Doubtless, however, it was in some vague prospect of its real tendency, that the absurdity of a Board in part originated. This construction of Mr. Cusack's proposal may more easily find believers, when the precedents by which he insinuates the utility of such an appendage to the governing powers of the College are examined. He saw, as every person who is acquainted with the history of the institutions to which he refers must have seen, how admirably a Board of Visitors has worked in the College of Physicians and the University of Dublin,—how many abuses have disappeared beneath its corrective influence,—how many salutary laws and ordinances have arisen in those establishments under its fostering care,—in short, how, by its means, the school or schools of these corporations have increased in wealth and reputation, until they possess neither "classes" at home, nor reputation abroad! How anxious then Mr. Cusack must be, that the College of Surgeons should be provided with an equally indulgent auxiliary to accelerate its ruin! After carefully watching for many years the working of the precedents which Mr. Cusack has quoted, it would not be possible to call to mind a single instance of the interference of these Boards with the abuses which were yearly perpetrated beneath their eyes in the institutions over which they are supposed to preside. Precisely for this reason may such a Board have found favour in the eyes of Mr. Cusack, for he cannot be suspected of believing that it would in the most indirect manner interfere with the present usurpation which he and his partizans maintain in the College. He would be the last person to moot the introduction of so obnoxious a power.

To add this pernicious increment to the already vicious machinery of the corporation, Mr. Cusack, with the simplicity of purpose which distinguishes every other proposition in this document, suggests that it would be necessary to make "an addition to the charter," or "other authority" in the College. It would be difficult to explain what he means by "other authority," unless it be himself and his party upon whom he contemplates the conferring of absolute power in the government of the institution. But it may certainly be said that the alteration in the charter for the purpose to which he alludes, would cost the College as many hundred pounds as the committee deputations did during the late summer. The squandering of the College funds, however, is far from being considered an evil by the College party,

who, on the contrary, have adopted it as one of the most effectual means of attaining their ends. The greater part of this money would go into the hands of official lawyers, not, to be sure, as a bribe, for that would be too indelicate a mode of winning the coy favours of his Majesty's Attorney-General; but merely as professional fees—as "honorary remuneration" for altering a charter which this same lawyer made out of the new only a few years ago. We will not, however, insult the feelings of those individuals by a further development of the offensive projects of this faction, which seems to imagine that the chords of human sympathy and support can be excited only by means as vile and venal as those by which their own are thrown into criminal vibration. That the unlimited power of disposing of the funds by a committee, as suggested by Mr. CUSACK, has reference to the securing of an unworthy influence of this kind over men whose advocacy, if purchaseable by such mercenary means, would be serviceable in advancing the objects of the faction in the College, is sufficiently obvious from a retrospective consideration of their conduct on other occasions. The artifice, however, has now lost its power by exposure, and the College stands as little chance of being secured against the march of reform, by adopting Mr. CUSACK's advice of protecting it by Bank-of-Ireland paper, as there was of the town in the fable being saved by fortifications of leather.

5th. "Whether or not it be expedient to make any alterations respecting the laws and practices which regulate the admission of members."

With respect to the expediency of altering *these laws* there might, to be sure, be some doubts raised; but of the propriety of altering the *practices* which accompany them, there can we suppose be no second opinion. No person, at all events, can be better qualified to "give judgment" in the case than Mr. CUSACK himself; and as he has voluntarily taken up the subject, we are disposed to leave him free from any admonitions of our own in giving the benefit of his long and extensive experience of the *practices* to which he alludes, in the adjustment of this delicate question. If he only avail himself of the knowledge which he possesses of the *abuses* of the law, we may expect a most efficient plan of reform. We are however at some loss to understand the *metanœsis* which has taken place so suddenly in his mind on this topic. Last autumn he gave it as a valid reason against the alteration of these by-laws as proposed by Mr. Ellis, that they ought not to be changed pending the bringing in of a reform-bill by Mr. WARBURTON in the House of Commons. Nine months ago we were too near a universal panacea for medical grievances. Now when it is to be hoped that we are so much nearer this boon, Mr. CUSACK will not wait for its approach, but must have a little reform of his own. He even declared on the occasion that he would sooner black-ball Mr. COLLES's son than that the laws should be changed until the question of medical reform was disposed of by the Legislature! Let us not, however, further deprive him of the contingent benefits of repentance; Mr. WARBURTON we are sure is not inexorable, and may be moved to compassion by even the late advances of the penitent secretary to meet him halfway in the field of medical reform!

6th. "To consider how far the present mode of conducting the half-yearly examinations may be improved."

To abolish them altogether is the only improvement of which we believe they admit. Conceived in a selfish scheme of bringing pupils to the College school, these half-yearly examinations have ended in mere farces, about which no human being cares one straw. The very pupils themselves laugh at the absurdity, and justly.

7th. "Such committee to consist of the president, vice-president, and secretaries, with Messrs. Colles, Kirby, Kerin, Jacob, M'Dowel, and Hargrave."

Had Mr. CUSACK omitted this *catalogued* committee—this muster-roll of his janissaries, his task had been but half done. He has however providently provided worthy instruments for the completion of his design. In other institutions the operation of chance is called in to the aid of justice, or at least to obviate the imputation of partiality; and committees are appointed by lot. The "reformer" however, who in this same document favours us with some penitential suggestions on the remodelling or improvement of the system of ballot in the College, excludes the agency even of this modification of the system in his own case, and will not allow the executors of his project to be named by the "vegetable loquacity" of the ballot-box. He names his men beforehand; and will not risk the failure of his darling scheme by any pusillanimous respect for even the semblance of fair-play. With the exception of the president, (whose official appointment has doomed him to the insult of being included in this impartial list), Mr. M'Dowel of the Richmond Hospital, and Mr. Hargrave, the secretary has been most happy in his selection. The detail of the individual qualifications of the remainder for the office to which they have been appointed

would detain us too long, and perhaps there is no necessity for the performance of such a task, as we have no doubt that their labours "in committee" will make up for our deficiency, and show that Mr. CUSACK has not mistaken his men. Their congeniality of dispositions and identity of opinion will doubtless confer on their efforts the most perfect unanimity and consistency. It is certainly much to the credit of Mr. M'DOWEL that he has declined acting on a committee so corruptly appointed; the manly independence of mind which dictated his resignation speaks more for him than any approbation which we could express, however deeply we feel the benefit which his high-minded example ought to confer on the members of a body who appear insensible to the degradation every day brought on them by their own servants. When we read the list of the secretary, our self-interrogation was "Can anything good come out of Nazareth?" but we have been agreeably met by the response, "Behold an Israelite in whom there is no guile"! in the well-timed and independent resignation.

"Mr. MAUNSELL to move that in the 17th by-law, 3rd section, the following portion be repealed:—1st. A receipt showing that he has lodged to the credit of the President, and for the use of the College, in the Bank of Ireland, the sum of five guineas."

The Mr. MAUNSELL who makes this motion has been little more than a month a professor of the College, and he has already commenced the campaign of legislation for private purposes. According to the by-law which he proposes to repeal it was ordained, ridiculously enough to be sure, that each person obtaining a midwifery diploma should pay the sum of five guineas for the same to the College. From the great reduction which has of late taken place in the price of articles of this kind in the Dublin market, where you can get a diploma "signed, sealed, and delivered" in midwifery at any price from two and sixpence up to ten guineas, Mr. MAUNSELL sagaciously foresaw that this by-law would, as it had hitherto done in the case of his predecessors, prevent him as a professor of the College from dealing as largely as he wished in pupils and diplomas. The motion which we have quoted was the consequence of this prudent anticipation of a serious obstacle to his success as a lecturer and his profits as a trader in licenses to forward the great work of generation in Ireland:—

> For would virtue of herself regard,
> Or wed without the portion of reward?

There can be no reasonable objection to the repeal of a very absurd law; but had Mr. MAUNSELL no kind friend to make this motion to save him from the imputation of an indelicate haste in unmaking laws for his own ends; and the College from the unavoidable suspicion of being a party to the consummation of private jobbing of this description? Though Mr. MAUNSELL might have evinced more tact if not better taste in this transaction, it is not against the personal but the corporate error, that our observations are directed. It is against the practice (which has been so often repeated in this institution as to deserve the name of usage) of making the College the tool of individual aggrandisement that we protest. For, it is quite clear to us, that had not Mr. MAUNSELL been a professor—one of the members of the College school,—he would in the first place never have thought of repealing this law upon grounds of general expediency, nor in the second place, if he thought of doing so, would he be able to accomplish his design. That there must be much that is wrong in the constitution of a body in which one of its members can make or unmake laws under such circumstances only—in which the hands of the selfish alone are free, and those of the honest and independent are tied up by the bonds of party,—is we conceive sufficiently manifest; and we have adverted to this petty and precipitate display of ill-gotten power by Mr. MAUNSELL merely to substantiate this important inference, for though the matter be only a feather, it shows very distinctly "which way the wind blows."

SURGERY IN THE NORTH.—WANT OF THE CONCOURS.

To the Editor of THE LANCET.

SIR,—In the last number of your journal, I saw a report of our northern surgery, and beg to add a few plain statements in continuation of it. The unfortunate patient whose cellular tissue was lately injected is now dying; but perhaps some cough or other trifling ailment will obtain the blame. The same talented operator cut a man for fistula some few days ago, but it is a question whether he cut the gut or not: he came ready to operate with a large hornspoon "to protect his fore finger." This surgical leviathan lately blamed his assistant for making an incision in a compound fracture of the leg, in the direction of the muscles, instead of making it "transversely!" An abscess demanded an incision, but the sur-

geon would not make it "until the inflammation had gone off!"

We had not long ago a man in the theatre with a luxation of the humerus of hardly four weeks standing. The surgeon pulled at it upwards of an hour, during which time the man was bled, and had nauseating doses of tartar-emetic, but without success. After the patient was dismissed, the students were informed that no luxation of the humerus had ever been reduced at the end of four weeks! Astley Cooper says at ten weeks they may be reduced. The poor patient was retained until time was given for a false joint to form, instead of being allowed and *advised*, as he ought to have been, to apply for relief to some other surgeon who might be more fortunate.

Not many days ago the saphena vein was wounded, in the same institution, in opening an abscess in the thigh. I believe there is a proposal that this individual shall redeem the errors of the past by cutting a man's tongue out, for a fibrous tumour at its root. A tumour in that part was removed some months ago by Mr. Liston with a ligature, but another tumour has formed. Of this operation you shall have a full account. I hear that the operator is first to practise on the dead subject.

Such is a specimen of the surgery which is practised for the benefit of patients, and exhibited for the instruction of the students in the north; but luckily there is more than one school in the city.

I remain Sir, yours, &c.,

EDINBURGENSIS.

May 29, 1835.

LITHOTOMY.

To the Editor of THE LANCET.

SIR,—Novel cases of all sorts, whether treated at home or abroad, are interesting, and especially those which illustrate the *different modes* of operating in different countries. I have lately received an account of an operation performed at New York, which I beg may be printed in your journal. I give it word for word, without comment:—

"I must not forget to tell you that in New York I had an opportunity of seeing the operation of lithotomy performed, at the house in which I boarded, by Dr. ——, one of the first surgeons in the place. The patient was a tall, thin, unhealthy-looking individual, ætatis 27. He had complained of the symptoms of stone for twenty-four years. He was placed on the table; I stood with my back to the window; the room was filled with doctors and students. Dr. ——, having put on a large morning gown, sat down, and instead of putting the scalpel cautiously and firmly into the perineum, made a dab at it as if he was stabbing some reptile. After the first incision he appeared to cut very much at random. Two or three arteries spouted, and were tied. At last he arrived at the groove in the staff, laid down the scalpel, took up a probe-pointed bistoury, and told the man 'for Heaven's sake to be quiet just now, as his life depended on it.' The prostate being cut, the operator introduced the forceps, and seized the stone, but with some difficulty; it slipped again and again. He then enlarged the external opening, cut the other lobe of the prostate, and seized the stone again, but it would not come out. The bones of the pubes and ischium prevented it. Some person remarked that the stone should be broken, but that was objected to because it would 'injure the bladder.' The patient at the repeated failures, prayed 'for God's sake to let him alone;' but the operator replied that he would not give up so long as he could continue to get hold of the stone, which he then seized again, and having tied the handles of the forceps with a cord, pulled at it, but still it would not come. After thus consuming nearly an hour, he seized the stone again, tied the handles with a pocket handkerchief, got two men to pull at it, and after some minutes, extracted the stone; and a monstrous ragged-looking one it was. It weighed seventeen ounces, one drachm. The man was then put to bed. No tube was introduced, and having lingered for some days, he died. The case was published next day as an 'extraordinary operation,' and the patient was said to be 'doing well.'"

I am, Sir, your obedient servant,

A SCOTCH SUBSCRIBER.

June 1, 1835.

BERKSHIRE MEDICAL ASSOCIATION.—MR. GEORGE MAY, surgeon, of Reading, last week informed us that a Society of Medical Practitioners had been formed in that town, under the above name, "for the purpose of promoting the respectability, honour, and general interests of the profession." Mr. May adds, that petitions have been prepared on the subject of the medical arrangements under the Poor-law Amendment Bill, which will shortly be presented to both Houses of Parliament by the Marquess of Downshire and Mr. Palmer without delay. We believe that

these petitions will be signed by nearly every respectable practitioner in the county. The names of some physicians, however, will be withheld. The manner in which physicians too often keep back from such unions, lead the public to form an impression either that "M. D.s" are not in reality members of the profession, or that physicians regard surgeons in general practice as usurpers of the name and honours of medical men,—not a very satisfactory alternative of which to be the authors. Mr. MAY, a gentleman of the highest respectability, is the honorary secretary of the new society, which the proceedings of the Poor-law Commissioners in the department of medical contracts have, we believe, been the chief means of calling into existence. The subject, however, was previously broached and ably discussed by Mr. MAY and some of his professional brethren at a Medical dinner at Reading.

PREVENTION AND TREATMENT OF HYDROPHOBIA.—Mr. J. MURRAY, in a letter to us on the subject of Dr. Burnes's communication on this subject, makes the following observations:—I should not apprehend the slightest danger in sucking the wound inflicted by a rabid animal. I long ago expressed this opinion, and though in some cases it may be unsafe to push analogies too far, I apprehend that it is legitimate to press them here. The experiments of Mangili on the poison of the viper, strongly corroborate the conclusion, that *animal poisons* are only dangerous when carried into the system by a wound—as the system and circulation are then inoculated with them. The natives of the Nicobar Islands suck the wounds inflicted by some of the deadliest serpents with impunity, and this has been safely done even in reference to the bite of the rattle-snake in the New World. At the same time, it must be observed that such an experiment would be extremely hazardous, were the skin any where abraded either in the mouth or around it. The security would be rendered absolute, by rinsing the mouth, both before and after the experiment, with a solution of *chlorine*.*

I am of opinion that *strong* chlorine in solution, or what is precisely the same thing, "nitro-muriatic acid" (so called), is a decided prophylactic, and this becomes preventive from its decomposing the rabid material. It is true that I have only once had it in my power to apply it to a serious wound inflicted by a rabid dog, but that once was successful;—but it neutralizes, and thus renders inert, hydrocyanic acid, hydrosulphuric acid gas, &c., and I have also found that it destroys the "wild bushman's poison," a portion of which was brought me from Africa by Mr. Campbell. I would repeatedly apply, by a sponge, to the wound, nitromuriatic acid, as *strong* as possible, and formed say of two parts of nitric and one part of muriatic acid. The wound being properly soaked with this, I have no hesitation to say that the individual may be considered safe. The previous application of the cupping-glass, or the process of sucking by the mouth, may be advisable. For my own part I would have more confidence in what I have now recommended than even in excision, unless *immediately* resorted to and skilfully performed. I need scarcely add that the efficacy of "nitromuriatic acid," as it is improperly called, depends on the formation or evolution of chlorine, and it is a very prompt and easy method of obtainment.

When this fatal disease is declared, I confess I should have no faith whatever in any merely topical or local application—whether of injections of tobacco or any thing else. A quietus, passive and transient, is all that can be reasonably expected. I consider the whole system and circulation to be poisoned; and—conjoined with other remedial measures, to be left with the discretion of the medical practitioner, whose talent and judgment I do not presume either to impugn or control,—I would strongly recommend that the body of the patient be surrounded by *nascent chlorine*, disengaged from a retort, and confined by an envelope of Mackintosh's air-tight and water-proof cloth. Further, I think it advisable that the patient should breathe atmospheric air imbued with chlorine, disengaged from a mixture of peroxyde of manganese and muriatic acid (hydrochloric acid) contained in a cup resting in a basin of tepid water. The quantity may be easily regulated by distance, should it be found too powerful, placed about two or three feet from the patient.

I feel such confidence in what I now propose, that I will gratefully and gladly pay through you the sum of five pounds to any one who will be so good as to carry these measures into effect.

London, June 3, 1835.

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* Dr. Burnes met this objection by saying that the party *bitten* was already affected. Chlorine, too, may be hard of access.—ED. L.

NORTH LONDON HOSPITAL.

PERICARDITIS,—*with effusion of Lymph at the Apex of the Heart, causing bellows sound.*

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these petitions will be signed by nearly every respectable practitioner in the county. The names of some physicians, however, will be withheld. The manner in which physicians too often keep back from such unions, lead the public to form an impression either that "M. D.s" are not in reality members of the profession, or that physicians regard surgeons in general practice as usurpers of the name and honours of medical men,—not a very satisfactory alternative of which to be the authors. Mr. MAY, a gentleman of the highest respectability, is the honorary secretary of the new society, which the proceedings of the Poor-law Commissioners in the department of medical contracts have, we believe, been the chief means of calling into existence. The subject, however, was previously broached and ably discussed by Mr. MAY and some of his professional brethren at a Medical dinner at Reading.

PREVENTION AND TREATMENT OF HYDROPHOBIA.—Mr. J. MURRAY, in a letter to us on the subject of Dr. Burnes's communication on this subject, makes the following observations:—I should not apprehend the slightest danger in sucking the wound inflicted by a rabid animal. I long ago expressed this opinion, and though in some cases it may be unsafe to push analogies too far, I apprehend that it is legitimate to press them here. The experiments of Mangili on the poison of the viper, strongly corroborate the conclusion, that *animal poisons* are only dangerous when carried into the system by a wound—as the system and circulation are then inoculated with them. The natives of the Nicobar Islands suck the wounds inflicted by some of the deadliest serpents with impunity, and this has been safely done even in reference to the bite of the rattlesnake in the New World. At the same time, it must be observed that such an experiment would be extremely hazardous, were the skin any where abraded either in the mouth or around it. The security would be rendered absolute, by rinsing the mouth, both before and after the experiment, with a solution of *chlorine*.*

I am of opinion that *strong* chlorine in solution, or what is precisely the same thing, "nitro-muriatic acid" (so called), is a decided prophylactic, and this becomes preventive from its decomposing the rabid material. It is true that I have only once had it in my power to apply it to a serious wound inflicted by a rabid dog, but that once was successful;—but it neutralizes, and thus renders inert, hydrocyanic acid, hydrosulphuric acid gas, &c., and I have also found that it destroys the "wild bushman's poison," a portion of which was brought me from Africa by Mr. Campbell. I would repeatedly apply, by a sponge, to the wound, nitromuriatic acid, as *strong* as possible, and formed say of two parts of nitric and one part of muriatic acid. The wound being properly soaked with this, I have no hesitation to say that the individual may be considered safe. The previous application of the cupping-glass, or the process of sucking by the mouth, may be advisable. For my own part I would have more confidence in what I have now recommended than even in excision, unless *immediately* resorted to and skilfully performed. I need scarcely add that the efficacy of "nitromuriatic acid," as it is improperly called, depends on the formation or evolution of chlorine, and it is a very prompt and easy method of obtainment.

When this fatal disease is declared, I confess I should have no faith whatever in any merely topical or local application—whether of injections of tobacco or any thing else. A quietus, passive and transient, is all that can be reasonably expected. I consider the whole system and circulation to be poisoned; and—conjoined with other remedial measures, to be left with the discretion of the medical practitioner, whose talent and judgment I do not presume either to impugn or control,—I would strongly recommend that the body of the patient be surrounded by *nascent chlorine*, disengaged from a retort, and confined by an envelope of Mackintosh's air-tight and water-proof cloth. Further, I think it advisable that the patient should breathe atmospheric air imbued with chlorine, disengaged from a mixture of peroxyde of manganese and muriatic acid (hydrochloric acid) contained in a cup resting in a basin of tepid water. The quantity may be easily regulated by distance, should it be found too powerful, placed about two or three feet from the patient.

I feel such confidence in what I now propose, that I will gratefully and gladly pay through you the sum of five pounds to any one who will be so good as to carry these measures into effect.

London, June 3, 1835.

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* Dr. Burnes met this objection by saying that the party *bitten* was already affected. Chlorine, too, may be hard of access.—ED. L.

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The "Caricature,"—is it a caricature? They are a bright set, if the artist has been true to nature. The rules of Addition and Subtraction are well understood. The attempts at Reduction fail. The Division (of labour) is perfect. The Rule of Three (mouths) is rejected. Instruction in Practice is sadly needed.

No Bat can see in Paris what he wants; but when there he should order its regular delivery. In Geneva the same. Medical news from the latter place will be acceptable, if authenticated.

Mr. JOHN COWAN of Edinburgh, forwarded to us some time since a charge of non-professional conduct against Mr. Syme of Edinburgh. Mr. Syme replied to the allegation, and Mr. Cowan sent to us a rejoinder, which we regret to say was mislaid and lost. Having however received another copy of the missing document, we now insert the following remarks, extracted from that communication:—Mr. Cowan says that it was *after* ascertaining the fracture and not *before* that he called in Mr. Syme, and then to obtain his opinion *solely* with respect to the neck of the thigh bone, which Mr. Cowan thought also possibly might have sustained some injury. Mr. Cowan also says, and we think justifies his statement, that the supply of the splint by Mr. Syme, was simply *to save time*. Mr. Cowan adds that he afterwards on meeting Mr. Syme's apprentice in the street, took him merely from a feeling of *courtesy* to Mr. Syme to see the progress of the case, from which accidental circumstance Mr. Cowan says it was affirmed that the apprentice conducted the treatment. As to the "circumstances of the family being straitened," Mr. Cowan observes that Mr. Crerar is a man in a respectable business and runs his gig. Mr. Cowan regards his complaint against Mr. Syme as unanswered if these statements cannot be contradicted.

Dr. M'C.—We shall use the information, but cannot publish it. To the question respecting the post, "Yes."

Medicus when we have room.

The letter of *Mr. Osborne* is an advertisement. Shall it appear on the wrapper? Whatever appears in the body of the work must contain details for preparing the drug.

ERRATUM.—We beg to express our sincere regret at the occurrence of the following error of the press in a notice of the "Cyclopædia of Anatomy and Physiology," which appeared in the concluding page (336) of our last week's number. In line 12 the word *every* should have been printed *any*, the remark of course applying only to those gentlemen who did *not* possess "the title of doctor."

ERRATA in Mr. Edmonds's paper in No. 614. Page 314, in the sum total of col. 2 in the table, *for* 105,304,482 *read* 10,530,482.—In the table, page 316, head of col. 3, *for* Births, including *read* Births, increasing.—Same table, col. 1, *for* Ages omitted if *read* Ages omitted of.

METEOROLOGICAL REPORT.

(*Extracted from a Meteorological Journal kept at High Wycombe.*

Lat. 51° 37′ 44″ North, Long. 31° 45″ West.)

Days.	Thermometer.		Barometer.		Rain.	Wind.	Weather.
	Highest.	Lowest.	Highest.	Lowest.	Ins. Dcls.		
June 1	54.50	40.25	29.72	29.64	0.05	S.E.	Slight Rain.
2	64.50	48.75	29.78	29.74	0.4875	S.E.	Frequent Showers.
3	64.50	44.50	29.68	29.64	—	S.E.	Fine.
4	63.75	47.50	29.79	29.69	—	N.	Fine.
5	65.	50.50	29.85	29.79	—	N.	Fine.
6	75.	50.75	29.84	29.82	—	N.E.	Very Fine.
7	76.	51.75	29.88	29.87	—	W.	Fine.

N.B. As it is proposed to continue these reports weekly, it may be proper to state, that the Thermometer and Barometer are observed three times every day—8 a.m., 3 p.m., and 10 p.m.—and that the extreme of cold is ascertained by a self-registering thermometer. The rain guage is examined every morning at eight o'clock; consequently the quantity measured shows how much has fallen since the preceding morning at the same hour. The direction of the wind given, is that which has been most prevalent during the day when it has been variable.

W. JACKSON.

High Wycombe, June 10, 1835.